

Kansas Register

Ron Thornburgh, Secretary of State

Vol. 16, No. 6 February 6, 1997 Pages 153-220

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Abstracters' Board of Examiners

Notice of Examination

An examination for persons desiring to secure registration and become subject to license to engage in the business of making, compiling or completing and selling abstracts of title to real estate in Kansas will be conducted by the Abstracters' Board of Examiners at 8 a.m. Friday, March 7, at the Marcus Center for Continuing Education, Wichita State University, 4201 E. 21st, Wichita.

In order to take the exam, an application and \$45 examination fee must be submitted before March 1 to the executive secretary of the Abstracters' Board of Examiners, P.O. Box 549, Hugoton, 67951, (316) 544-2311.

Glen R. McQueen Executive Secretary

Doc. No. 018683

State of Kansas

Kansas Judicial Council

Notice of Meetings

The Kansas Judicial Council and its advisory committees will meet according to the following schedule in Room 259 of the Kansas Judicial Center, 301 W. 10th, Topeka:

Date	Committee	Time
Feb. 7	Care & Treatment	9:30 a.m.
Feb. 10	Eminent Domain	9:30 a.m.
Feb. 13	Civil Law	9:30 a.m.
Feb. 14	Family Law	9:30 a.m.
Mar. 7	Care & Treatment	9:30 a.m.
Mar. 10	Eminent Domain	9:30 a.m.
Mar. 14	Judicial Council	9:00 a.m.

Justice Tyler C. Lockett

Chair

State of Kansas

Secretary of State

Usury Rate for February

Pursuant to the provisions of K.S.A. 16-207, the maximum effective rate of interest per annum for notes secured by all real estate mortgages and contracts for deed for real estate executed during the period of February 1, 1997 through February 28, 1997, is 9.54 percent.

Ron Thornburgh Secretary of State

Doc. No. 108690

State of Kansas

Pooled Money Investment Board

Notice of Investment Rates

The following rates are published in accordance with K.S.A. 1995 Supp. 75-4210, as amended by 1996 Senate Bill No. 476. These rates and their uses are defined in K.S.A. 1995 Supp. 12-1675(b)(c)(d), and K.S.A. 1995 Supp. 75-4201(l) and 75-4209(a)(1)(B), as amended by 1996 Senate Bill 476.

Effective	2-10-97 through 2	-16-97
Term		Rate
0-90 days	The second second	5.29%
3 months		5.30%
6 months		5.48%
9 months		5.57%
12 months		5.67%
18 months		5.83%
24 months		5.93%
36 months		6.10%
48 months		6.21%

William E. Lewis Chairman

Doc. No. 018685

Doc. No. 018692

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Register Office: Room 233-N, State Capitol (913) 296-3489 Fax (913) 291-3051

Department of Health and Environment

Request for Comments

The 1997 application for funding of Kansas' Preventive Health and Health Services (PHHS) block grant program is available for public review and comment. The State Preventive Health Advisory Committee will consider public comment during its meeting February 21 in making recommendations regarding future funding priorities. Copies of the 1997 proposal can be requested by contacting Heather Clay, Bureau of Chronic Disease and Health Promotion, Room 901-N, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612-1290.

James J. O'Connell Secretary of Health and Environment

Doc. No. 018687

State of Kansas

Office of the Governor

Executive Order No. 97-2 Establishing the Amelia Earhart Centennial Celebration Committee

WHEREAS, 1997 marks the Centennial anniversary of the birth of one of Kansas' most legendary figures; and

WHEREAS, Amelia Earhart was a pioneer in aviation, the first woman to fly solo over the Atlantic Ocean and he first person to fly solo from Hawaii to California; and WHEREAS, the accomplishments of Amelia Earhart are known and respected nationally and internationally; and

WHEREAS, the State of Kansas wishes to remember and honor Amelia Earhart for the acclaim she brought to

the city of Atchison and this State;

NOW, THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby establish the Amelia Earhart Centennial Celebration Committee.

1. Membership on the Committee shall be by official commission of appointment of the Governor, certified by and filed with the Secretary of State. The members shall serve at the pleasure of the Governor.

2. The Committee will meet at the call of the Chair and

serve at their own expense.

3. The Amelia Earhart Centennial Celebration Committee shall plan and implement a celebration in honor of Amelia Earhart.

This document shall be filed with the Secretary of State as Executive Order 97-2 and shall be effective immediately. This order shall continue in full force and effect until sixty days after the centennial celebration, at which time it shall be rescinded.

Dated January 24, 1997.

Bill Graves Governor Attest: Ron Thornburgh Secretary of State State of Kansas

Historic Sites Board of Review

Notice of Meeting

The Kansas Historic Sites Board of Review will meet at 9:30 a.m. Saturday, February 22, on the second floor of the Koch Education Center on the grounds of the Kansas History Center, 6425 S.W. 6th Ave., Topeka. The board will evaluate the following properties for the National Register of Historic Places and/or the Register of Historic Kansas Places:

- George W. Yount Barn, NW4, NW4, SW4, S10, T32S, R4E, Winfield vicinity, Cowley County
- Willits House, 1035 S.W. Fillmore, Topeka, Shawnee County
- Cedar Cliff (Edward Finnup House), 501 N. 9th, Garden City, Finney County

The Kansas State Historical Society welcomes individuals with disabilities to participate in its activities. Please contact Sandy McDaniel of the Cultural Resources Division, Kansas State Historical Society, 6425 S.W. 6th Ave., Topeka, 66615-1099, (913) 272-8681, ext. 240, by February 14 to discuss the nature of your disability and what the Kansas State Historical Society can do to ensure participation in the activity.

Ramon Powers Executive Director

Doc. No. 018682

State of Kansas

Department of Commerce and Housing

Notice of Hearing on Low Income Weatherization Program

In accordance with Department of Energy regulations, the Kansas Weatherization Assistance Program will conduct a public hearing at 10 a.m. Monday, February 17, at the Department of Commerce and Housing, 700 S.W. Harrison, 13th Floor, Topeka, to receive comments on the 1997 Department of Energy State Plan.

A draft copy of the 1997 plan will be available upon request prior to the hearing by calling (913) 296-2686 or 296-3487 (V/TTY). Reasonable accommodations are available for persons needing assistance. Requests for accommodation should be submitted to Norma Phillips by February 14 at Department of Commerce and Housing.

All comments are to be followed in writing and submitted for incorporation into the minutes of the hearing. Written comments should be mailed to Norma Phillips, Director, Weatherization Assistance Program, Division of Housing, Department of Commerce and Housing, 700 S.W. Harrison, Suite 1300, Topeka, 66603-3712.

Gary Sherrer Secretary of Commerce and Housing

Doc. No. 018700

Social and Rehabilitation Services

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 9 a.m. Wednesday, April 9, in the SRS board room, sixth floor, Docking State Office Building, 915 S.W. Harrison, Topeka, to consider the adoption of new and amended changes in existing rules and regulations on a permanent basis effective 15 days after publication in the Kansas Register.

Telephone conference will not be available.

This 60-day notice of the public hearing shall constitute a public comment period for the proposed regulations. All interested parties may submit written comments prior to or during the public hearing to Hope Burns, Office of the Secretary, Docking State Office Building, Room 603-N, 915 S.W. Harrison, Topeka, 66612. All interested parties will be given a reasonable opportunity to present their views; it may be necessary to request each participant to limit any oral presentation to five minutes. The phrase "Federal Mandate" following an item indicates that the change is required by federal policy. Optional changes in regulations related to federal programs are subject to approval by the U.S. Department of Health and Human Services.

Copies of the regulations and the economic impact statement may be obtained by contacting Hope Burns at (913) 296-3969.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Hope Burns or by calling the Kansas Relay Center at 1-800-766-3777.

The adoption of the regulations will take place at 9 a.m. April 18 in the SRS executive conference room, 603-N, Docking State Office Building. Telephone conference will not be smilete.

not be available.

A summary of the proposed regulations and the economic impact follows.

Article 4.—PUBLIC ASSISTANCE PROGRAM

30-4-54. Citizenship, alienage, and residence. This regulation is being amended to adopt changes in coverage of aliens. Coverage of aliens who entered the United States prior to August 22, 1996, will be limited to refugees, persons granted asylum, persons whose deportation is being withheld, persons with legal permanent residence status, veterans and persons currently serving in the armed forces, persons paroled into the United States for at least one year and persons granted conditional entry status. For aliens entering the United States on or after August 22, 1996, no coverage will be available for the first five years in the country unless the person is a refugee, asylee, granted withholding of deportation, or a veteran or person serving in the armed forces.

Federal Mandate: This change is required by Title IV of the Personal Responsibility and Work Opportunity

Reconciliation Act of 1996 (PRWORA).

Economic Impact: This change is expected to result in increased expenditures of approximately \$4.5 million (\$3.7 million state general funds) on an annual basis. While the new provisions will not substantively change coverage for aliens already receiving assistance, the effect of these changes in the state General Assistance Program will result in coverage of 1,800 additional aliens who will lose eligibility for Supplemental Security Income (SSI) benefits due to the federal provisions. The above impact is based on this shift to General Assistance. No increases are expected in the other cash programs or in the Medicaid program.

Bearer of Costs: The taxpayers of the State of Kansas will bear the additional costs of this change through ap-

propriated state and federal funds.

Affected Parties:

 This change will have a moderate administrative impact on SRS staff in reviewing current cases under the new guidelines and in moving those aliens who lose SSI benefits to the state General Assistance Program.

2. This change will benefit approximately 3,000 aliens currently receiving assistance by protecting cash and medical coverage for them, as well as benefiting those 1,800 aliens who will lose SSI benefits but be able to retain some cash benefits through the GA

program.

Other Methods: With passage of PRWORA, states had the option for cash and medical purposes to continue offering coverage to most current aliens or to further restrict eligibility. The department opted to take the options available so that coverage could continue. In addition, the department chose to adopt these provisions within the state General Assistance Program to be able to offer basic cash assistance to persons losing SSI benefits due to the change in alien provisions.

Article 6.—MEDICAL ASSISTANCE PROGRAM— CLIENTS' ELIGIBILITY FOR PARTICIPATION

30-6-54. Citizenship, alienage, and residence. This regulation is being amended to adopt changes in coverage of aliens. Coverage of aliens who entered the United States prior to August 22, 1996, will be limited to refugees, persons granted asylum, persons whose deportation is being withheld, persons with legal permanent residence status, veterans and persons currently serving in the armed forces, persons paroled into the United States for at least one year and persons granted conditional entry status. For aliens entering the United States on or after August 22, 1996, no coverage will be available for the first five years in the country unless the person is a refugee, asylee, granted withholding of deportation, or a veteran or person serving in the armed forces.

Federal Mandate: This change is required by Title IV of the Personal Responsibility and Work Opportunity

Reconciliation Act of 1996 (PRWORA).

Economic Impact: See the economic impact statement for K.A.R. 30-4-54.

Rochelle Chronister Secretary of Social and Rehabilitation Services

Department of Health and Environment

Notice of Hearing on Proposed **Administrative Regulations**

The Kansas Department of Health and Environment, Division of Environment, Bureau of Air and Radiation, will conduct a public hearing at 10 a.m. Thursday, April 10, in the KDHE main conference room, Building 283, Forbes Field, Topeka, to consider the adoption of proposed amendments to existing air quality regulations K.A.R. 28-19-720, 28-19-735 and 28-19-750.

K.A.R. 28-19-720 establishes the state's air emissions standards in criteria pollutants, implementing the federally-required new source performance standards in Kansas. K.A.R. 28-19-735 establishes the Kansas standards for hazardous air pollutants, as set by the federal requirements in 40 CFR, Part 61. K.A.R. 28-19-750 establishes the standards for hazardous air pollutants from specific categories of sources, as set in the federal requirements of 40 CFR, Part 63. A summary of each proposed amend-

ment and its economic impact follows.

K.A.R. 28-19-720 adopted the federal new source performance standards (NSPS) of 40 CFR Part 60, establishing the standards as state-enforceable provisions. K.A.R. 28-19-735 adopted the federal national emission standards for hazardous air pollutants (NESHAP) of 40 CFR Part 61, establishing these standards as state-enforceable provisions. K.A.R. 28-19-750 adopted the federal national emission standards for hazardous air pollutants for categories of sources (referred to as the maximum achievable control technology or "MACT" standards) of 40 CFR Part 63, establishing these standards as state-enforceable provisions. The three state regulations became effective on January 23, 1995. The federal standards which were adopted by these state regulations were those in effect as of July 1, 1994. Since that date, the U.S. Environmental Protection Agency (EPA) has promulgated amendments to existing standards, as well as new standards, under each of the three provisions. To keep the Kansas standards current, the proposed amendment changes the date of adoption by reference to July 1, 1996. Sources of these air pollutants that are located in Kansas are already subject to these provisions, when applicable. The state adoption does not change the substantive requirements to which these sources are subject. No additional economic impact is expected from this amendment, either upon the regulated community, the public or the agency.

The time period between the publication of this notice and the scheduled hearing constitutes a public comment period for the purpose of receiving written public comments on the proposed regulatory action. All interested parties may submit written comments prior to the hearing to Ralph J. Kieffer, Kansas Department of Health and Environment, Bureau of Air and Radiation, Building 283, Forbes Field, Topeka, 66620. All interested parties will be given a reasonable opportunity to present their views orally on the proposed regulatory action during the hearings, as well as to submit their written comments at that time. In order to give all parties an opportunity to present

their views, it may be necessary to require each participant to limit any oral presentation to five minutes.

Copies of the proposed amendments and the economic impact and environment benefit statements may be obtained by contacting Wendy Willoughby, Kansas Department of Health and Environment, Bureau of Air and Radiation, (913) 296-1550. Questions pertaining to these proposed amendments should be directed to Ralph J. Kieffer, (913) 296-6428, or Gary Miller, (913) 296-1547.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed amendments and the economic impact and environmental benefit statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Rob Bradford, (913) 296-1587.

> James J. O'Connell Secretary of Health and Environment

Doc. No. 018705

State of Kansas

Department of Transportation

Notice of Hearing on Proposed Administrative Regulations

A hearing will be conducted at 10 a.m. Monday, April 14, in the Kansas Department of Transportation's seventh floor conference room, Docking State Office Building, 915 S.W. Harrison, Topeka, in order to allow interested parties to express their views on proposed amended regulations K.A.R. 36-39-1, 36-39-2, 36-39-3 and 36-39-6.

The amendment of these regulations is necessary as a result of recommendations made by the Joint Committee on Administrative Rules and Regulations for clarification of the annual obligation and to streamline the loan guarantee and loan program.

Complete copies of the amended regulations and the economic impact statement may be obtained from the Kansas Department of Transportation, Office of Chief

Counsel, (913) 296-3831.

A period of 60 days notice constitutes a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. Written comments may be sent to the Kansas Department of Transportation, Office of Chief Counsel, Attn: Mike Rees, Room 779, Docking State Office Building, 915 S.W. Harrison, Topeka, 66612-1568.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statement in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting the KDOT Office of Public and Employee Information, Docking State Office Building, Room 754, Topeka, 66612-1568, (913) 296-3585 (Voice/TTY).

> E. Dean Carlson Secretary of Transportation

(Published in the Kansas Register February 6, 1997.)

USDA—Natural Resources Conservation Service

Notice of Kansas Technical Committee Meeting

The Kansas Technical Committee (KTC), formerly the State Technical Committee, will meet from 9:30 a.m. to 3 p.m. Monday, February 10, at the Best Western Heart of America Inn (Kansas Room), 632 Westport Blvd., Salina. This meeting will be to discuss potential areas in Kansas that may be considered as conservation priority areas for the Conservation Reserve Program.

As a result of the Federal Agriculture Improvement and Reform Act of 1996 (FAIRA) (1996 Farm Bill), the Kansas Technical Committee was formed to provide leadership and direction within the state of Kansas relating to specific conservation programs to provide input and guidance on how these conservation programs will be

administered.

For more information, contact Dan Lawson, USDA-Natural Resources Conservation Service, 760 S. Broadway, Salina, 67401-4642, (913) 823-4508, fax (913) 823-4540.

> James N. Habiger State Conservationist

Doc. No. 018707

State of Kansas

Department of Administration Division of Architectural Services

Notice of Commencement of Negotiations for Architectural Services

Correction

Notice was published in the January 23, 1997 Kansas Register for architectural services for the following projects for the Department of Corrections:

Norton Correctional Facility and Hutchinson Correctional Facility - East Unit

This project is for the design and construction administration of a 200-bed secure housing unit at both of the facilities and a 24,000 square foot industry building at both facilities. Each housing unit will be two levels with 100 wet cells, double bunked. The housing units also will have a control center, day rooms, showers, janitor closets, laundry storage, three counselor offices and a unit team office. The housing units for both facilities will be a similar design and located within the perimeter of the institutions. Program space and site utilities also will need to be upgraded. The estimated construction cost is \$11,511,745.

El Dorado Correctional Facility

This project is for the design and construction administration of a 150-bed minimum security unit using a department prototype design. The building will be open dormitory with common restrooms and showers. The building will be divided into three 50-day living pads and one support pad with the following spaces: visiting area, dining and warming kitchen, sick call, library, laundry and barber shop. This unit will be located outside the existing perimeter. Site grading and utilities will be up-

graded as required. Estimated construction cost is \$2.236.000.

Neither project is funded at this time. It is the agency's desire that one firm be selected and a single contract written for all three locations, not one contract for Norton/Hutchinson and another contract for El Dorado.

For information regarding the scope of services, contact Mike Gaito, Manager of Capital Improvements, Department of Corrections, (913) 296-5187.

If interested, an original and six copies of the SF 255 form (plus relevant attachments of information regarding similar projects) should be submitted. These submittals should be concise, relevant to the project and follow the State Building Advisory Commission guidelines for submittal. Copies of the guidelines have previously been distributed to firms; if copies of the guidelines are required, contact Gary Grimes, Division of Architectural Services, 625 Polk, Topeka, 66603, (913) 233-9367. Submittals not complying with the guidelines will be returned without consideration.

Expressions of interest and the SF 255 submittals should be received by Gary Grimes by 5 p.m. February 21. Firms that submitted proposals based on the earlier ad may withdraw their submittals by notifying Gary Grimes. Firms that do not withdraw their proposals will be considered to be interested in providing services at all three locations.

Thaine Hoffman, AIA Director, Division of Architectural Services

Doc. No. 018695

State of Kansas

Department of Transportation

Notice to Contractors

Sealed proposals for the construction of road and bridge work in the following Kansas counties will be received at the office of the Chief of Construction and Maintenance, KDOT, Topeka, until 2 p.m. February 19 and then publicly opened:

District One — Northeast

Atchison—3 K-6329-01 - U.S. 73, 3.4 miles (5.4 kilometers) north of the Atchison-Leavenworth county line north to the south city limits of Atchison; K-74 from Potter east to the junction of U.S. 73, 9 miles (14.5 kilometers), overlay. (State Funds)

Brown—73-7 K 5265-01 - U.S. 73, Iowa Street to Utah Street in Hiawatha, 0.2 mile (0.4 kilometer), pavement reconstruction. (State Funds)

Jackson—75-43 K-6494-01 - U.S. 75, from K-16 north of Holton north to the K-9 junction, 10.7 miles (17.2 kilometers), crack repair. (State Funds)

Leavenworth—52 U-1452-03 - West Leavenworth Trafficway from Eisenhower Street to Vilas Street, surfacing. (Federal Funds)

Marshall—36-58 K-6002-01 - U.S. 36, from Marysville east to county route 1240, 1.5 miles (2.4 kilometers), grading and surfacing. (Federal Funds)

Osage 75-70 K-4690-01 - U.S. 75, from 0.8 mile (1.3 kilometers) south of the junction of K-278, north to 0.1

mile (0.2 kilometer) north of K-68, 5.2 miles (8.4 kilometers), grading and bridge. (Federal Funds)

Shawnee-Riley—106 K-5918-01 - Various locations in Shawnee and Riley county, guard fence replacements. (State Funds)

Shawnee—89 K-6447-01 - Cedar Crest Drive from Fairlawn Road to the Cedar Crest parking lot, 0.5 mile (0.8 kilometer), overlay. (State Funds)

Shawnee—89 U-1589-01 - Topeka Boulevard from 7th Street to 255 feet north of 4th Street in Topeka, 0.3 mile (0.5 kilometer), grading and surfacing. (Federal Funds)

Wyandotte—105 C-3204-01 - 130th Street from K-7 to U.S. 24, 0.7 mile (1.1 kilometers), grading and surfacing. (Federal Funds)

District Two — Northcentral

Cloud—81-15 K-4429-04 - U.S. 81, from the Ottawa-Cloud county line north to county route 140, 9.1 miles (14.6 kilometers), surfacing and bridge. (State Funds)

Cloud—81-15 K-4429-05 - U.S. 81, from county route 140 north to the 4-lane in Concordia, 8.4 miles (13.5 kilometers), surfacing. (State Funds)

Dickinson-Saline—70-106 K-5919-01 - Various locations on I-70 in Dickinson and Saline counties, guard fence replacement. (State Funds)

Geary—57-31 M-1859-01 - K-57, approximately 0.7 mile (1.1 kilometers) north of the north city limits of Junction City, south 0.4 mile (0.7 kilometer), pavement patching. (State Funds)

Lincoln—53 C-3329-01 - County road, 3.1 miles (5 kilometers) south and 2 miles (3.3 kilometers) east of Vesper, 0.2 mile (0.4 kilometer), grading and bridge. (Federal Funds)

District Three — Northwest

Rawlins—25-77 K-5041-01 - K-25, bridge 13, Little Beaver Creek, 0.6 mile (1 kilometer) north of U.S. 36, bridge replacement. (Federal Funds)

District Four — Southeast

Bourbon—69-6 K-4066-01 - U.S. 69, from the Crawford-Bourbon county line north to 0.8 mile (1.3 kilometers) south of K-7, 6.1 miles (9.8 kilometers), grading, bridge and surfacing. (State Funds)

Coffey-Osage-Lyon—35-106 K-5921-01 - Various locations on I-35 in Coffey, Osage and Lyon counties, guard fence replacement. (State Funds)

Crawford—19 U-1543-01 - Ford Avenue from Joplin Avenue to Rouse Street in Pittsburg, 0.7 mile (1.2 kilometers), grading and surfacing. (Federal Funds)

Crawford—69-19 K-3276-01 - U.S. 69, north junction of the Arma Bypass north to the Crawford-Bourbon county line, 8.1 miles (13 kilometers), grading, bridge and surfacing. (State Funds)

Greenwood—96-37 K-3293-04 - K-96, 5 miles (8 kilometers) east of the east junction of K-99 east to the Greenwood-Wilson county line, 10.1 miles (16.3 kilometers), surfacing. (State Funds)

Miami-Franklin—106 K-5920-01 - Various locations on I-35, U.S. 69 and U.S. 169 in Miami County and I-35 in Franklin County, guard fence replacement. (State Funds)

Neosho—67 C-333-01 - County road, from the east edge of St. Paul north 6 miles (9.7 kilometers), grading and surfacing. (Federal Funds)

District Five — Southcentral

Cowley—166-18 K-4354-03 - Old U.S. 166/U.S. 77 junction east and northeast to existing U.S. 166, 4.7 miles (7.6 kilometers), surfacing and bridge. (State Funds)

Edwards—24 C-2980-01 - County road 11 miles (17.7 kilometers) south of Belpre, south to the Edwards-Kiowa county line, 2.9 miles (4.8 kilometers), surfacing. (Federal Funds)

Reno—96-78 K-5273-01 - K-96, from the south city limits to the north city limits in South Hutchinson, 1.9 miles (3.1 kilometers), pavement reconstruction. (State Funds)

Reno—17-78 K-6163-01 - K-17, 11.1 miles (18.2 kilometers) north of the Kingman-Reno county line, north to the junction of K-96, 5.2 miles (8.4 kilometers), overlay. (State Funds)

Reno—17-78 M-1852-01 - K-17, KDOT mixing strip in Hutchinson, stockpile bituminous material. (State Funds)

Sedgwick—87 N-0065-01 - Hillside Avenue from 27th Street north to 37th Street in Wichita, 0.8 mile (1,3 kilometers) grading and surfacing. (State Funds)

Sedgwick—87 N-0083-01 - Lincoln Street and Woodlawn Avenue in Wichita, intersection improvement. (Federal Funds)

District Six — Southwest

Haskell—41 C-3183-01 - County road 8 miles (12.9 kilometers) east and 8 miles (12.9 kilometers) north of Sublette, then northeast 5 miles (8 kilometers), surfacing. (Federal Funds)

Meade—98-60 K-5494-01 - K-98, St. Louis Southwestern Railroad, north to 6th Street in Fowler, 0.3 mile (0.5 kilometer), grading and surfacing. (State Funds)

Proposals will be issued upon request to all prospective bidders who have been prequalified by the Kansas Department of Transportation on the basis of financial condition, available construction equipment and experience. Also, a statement of unearned contracts (Form No. 284) must be filed. There will be no discrimination against anyone because of race, age, religion, color, sex, handicap or national origin in the award of contracts.

Each bidder shall file a sworn statement executed by or on behalf of the person, firm, association or corporation submitting the bid, certifying that such person, firm association or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submitted bid. This sworn statement shall be in the form of an affidavit executed and sworn to by the bidder before a person who is authorized by the laws of the state to administer oaths. The required form of the affidavit will be provided by the state to each prospective bidder. Failure to submit the sworn statement as part of the bid approval package will make the bid nonresponsive and not eligible for award consideration.

Plans and specifications for the projects may be examined at the office of the respective county clerk or at the KDOT district office responsible for the work.

E. Dean Carlson Secretary of Transportation



(Published in the Kansas Register February 6, 1997.)

Cancellation of Notice of Redemption Johnson County Park and Recreation District Johnson County, Kansas Park Bonds Series 1980 Dated June 1, 1980

Bond Numbers 241 through 300 CUSIP Number 478493 and Suffixes CW7, CX5, CY3 and CZ0

Notice is hereby given to the holders of the above-referenced bonds of the Johnson County Park and Recreation District, Johnson County, Kansas, that the notice of redemption with respect to the above-referenced bonds, published in the Kansas Register January 30, 1997, is rescinded and shall have no force or effect. Said bonds will not be redeemed on March 1, 1997, as set forth in the notice of redemption and should not be forwarded to the office of the Kansas State Treasurer for payment.

Dated January 30, 1997.

Johnson County Park and Recreation District By Gary Haller, Director

Doc. No. 018703

(Published in the Kansas Register February 6, 1997.)

Summary Notice of Bond Sale \$3,166,000 Unified School District No. 439 Harvey County, Kansas (Sedgwick) General Obligation School Improvement Bonds Series 1997

(General obligation bonds payable from unlimited ad valorem taxes)

Sealed Bids

Subject to the notice of bond sale dated January 27, 1997, sealed bids will be received by the clerk of Unified School District No. 439, Harvey County, Kansas (Sedgwick) (the issuer), on behalf of the governing body at the office of the Board of Education, P.O. Box K, Sedgwick, KS 67135, until 7 p.m. February 24, 1997, for the purchase of \$3,166,000 principal amount of General Obligation School Improvement Bonds, Series 1997. No bid of less than 100 percent of the principal amount of the bonds and accrued interest thereon to the date of delivery will be considered.

Bond Details

The bonds will consist of fully registered bonds in the denomination of \$5,000 or any integral multiple thereof, except one bond in the denomination of \$6,000. The bonds will be dated March 1, 1997, and will become due October 1 in the years as follows:

Year	Principal Amount
1998	\$ 51,000
1999	155,000
2000	160,000
2001	170,000
2002	180,000

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	2003		190,000
	2004		200,000
	2005		210,000
	2006		225,000
	2007		235,000
٠, .	2008		250,000
	2009		265,000
1, 1	2010		275,000
	2011		290,000
	2012		310,000
		and the state of t	

The bonds will bear interest from the date thereof at rates to be determined when the bonds are sold as hereinafter provided, which interest will be payable semiannually on April 1 and October 1 in each year, beginning April 1, 1998.

Paying Agent and Bond Registrar

Kansas State Treasurer, Topeka, Kansas.

Good Faith Deposit

Each bid shall be accompanied by a good faith deposit in the form of a cashier's or certified check drawn on a bank located in the United States of America or a qualified financial surety bond in the amount of \$63,320 (2 percent of the principal amount of the bonds).

Delivery

The issuer will pay for printing the bonds and will deliver the same properly prepared, executed and registered without cost to the successful bidder on or about March 26, 1997, at such bank or trust company in the contiguous United States of America as may be specified by the successful bidder.

Assessed Valuation and Indebtedness

The equalized assessed tangible valuation for computation of bonded debt limitations for the year 1996 is \$9,455,121. The total general obligation indebtedness of the issuer as of the date of delivery of the bonds, including the bonds being sold, is \$3,166,000.

Approval of Bonds

The bonds will be sold subject to the legal opinion of Gilmore & Bell, P.C., Wichita, Kansas, bond counsel, whose approving legal opinion as to the validity of the bonds will be furnished and paid for by the issuer, printed on the bonds and delivered to the successful bidder as and when the bonds are delivered.

Additional Information

Additional information regarding the bonds may be obtained from the clerk, (316) 772-5783, or from the financial advisor, George K. Baum & Company, 100 N. Main, Suite 810, Wichita, KS 67202, Attention: Charles M. Boully, (316) 264-9351.

Dated January 27, 1997.

Unified School District No. 439 Harvey County, Kansas (Sedgwick)

Board of Pharmacy

Notice of Hearing on Proposed Administrative Regulations

A public hearing will be conducted at 10 a.m. Friday, April 11, in Room 513, Landon State Office Building, 900 S.W. Jackson, Topeka, to consider the adoption of proposed changes in existing rules and regulations of the

Kansas Board of Pharmacy.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed rules and regulations. All interested parties may submit written comments prior to the hearing to Larry Froelich, Executive Secretary, Room 513, Landon State Office Building, 900 S.W. Jackson, Topeka, 66612. All interested parties will be given a reasonable opportunity to present their views orally on the adoption of the proposed regulations during the hearing. In order to give all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

Any individual with a disability may request accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation should be made at least five working days in advance of the hearing by contacting Sue Baxter at (913) 296-6504. Handicapped parking is located on the south end of Landon State Office Building, and the north entrance to the building is accessible to individuals with disabilities.

These regulations are proposed for adoption on a permanent basis. A summary of proposed regulations and

their economic impact follows.

K.A.R. 68-1-1f. Foreign graduates. The regulation changes the passing score for the test of spoken English (TSE) from 240 to 55. The National Association of Boards of Pharmacies (NABP) administers testing of written and spoken English for foreign applicants requesting pharmacist licensure in the United States. NABP changed the format and scoring process of the TSE test resulting in a new passing score. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants or

the public.

K.A.R. 68-1-2a. Grades required. The regulation sets forth the requirements for assuming the pharmacist-incharge duties of a pharmacy, including taking a pharmacy-related examination prior to issuance of a pharmacy registration and a 30-day deadline to complete the application process relating to pharmacy registration. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants, or the mubble

the public.

K.A.R. 68-2-5. Joint registrants. The regulation sets forth the requirements for pharmacy registration, specif-

ically the responsibilities relating to the ownership and pharmacist-in-charge of the pharmacy. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants or

the public.

K.A.R. 68-2-9. Change of ownership, duty of registrant or permittee to notify board. The regulation adds language regarding change of ownership and requires new application be made for continuation of pharmacy operation within the specified time. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants or

the public.

K.A.R. 68-5-1. Definitions. The proposed regulation defines "pharmacy student" and "pharmacy technician." The current regulation defines the "intern" as a pharmacy student. A detailed definition is needed to differentiate duties performed in the pharmacy because the ratio of an intern to pharmacist and ratio of a pharmacy technician to pharmacist are different. Pharmacy students can be interns or externs, which is an academically defined term. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no immediate economic impact anticipated on the Board of Pharmacy, other governmental agencies, registrants or the public. At some point in the next two years, pharmacy technicians will be registered and regulated through this board. The increase in work load created by an additional category of registration will likely result in a request for another clerical position for this

agency.

K.A.R. 68-7-12. Responsibility of pharmacist-incharge in other than a medical care facility pharmacy. The regulation sets out in detail the responsibilities of the pharmacist-in-charge of a retail pharmacy relating to development of policy and procedure guidelines in the specific area of error/incident reporting and prepackaging medication. The remainder of the changes are substantive in nature dealing with language, sentence structure and that which was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants or

the public.

K.A.R. 68-20-15a. Security requirements. The regulation repeals subsection (f) regarding security and control of the DEA registration number. The current law requires the Board of Pharmacy to enforce and not allow usage of the physicians' DEA number to submit prescription insurance claims. For Kansas to enforce subsection (f), all interested parties (including physicians, pharmacies and insurance companies) would be required to formulate an individual identification number for use in submitting insurance claims.

Subsequent to implementation of the current regulation (and prior to formulation of an individual identification number for Kansas physicians), the President of the United States signed a bill requiring a national, independent and universal identifying number for physicians be formulated within two years and implemented within 18 months thereafter.

The remainder of the changes are substantive in nature dealing with language, sentence structure and that which

was deemed to be self-directive.

There is no anticipated economic impact on the Board of Pharmacy, other governmental agencies, registrants, or the public. If the Board of Pharmacy does not repeal subsection (f), the board will be required to duplicate enforcement of inappropriate usage of DEA numbers for submitting insurance claims since it will now be federally mandated.

Copies of the regulations and their economic impact statements may be obtained from the Kansas Board of Pharmacy.

Larry Froelich Executive Secretary

Doc. No. 018697

State of Kansas

Department of Agriculture

Request for Comments on Proposed Special Local Need Registration

Notice is hereby given that pursuant to 7 U.S.C. 136v, HACO, Inc. has filed an application for a special local need registration for the use of Zinc Phosphide Pellets on no-till corn. This rodenticide bait is needed in situations where heavy populations of small rodents such as voles and mice cause significant damage by consuming the seed after planting but prior to plant development. No other rodent control options have been identified to prevent unacceptable stand reduction.

The purpose of the proposed special local need registration is to allow in the furrow application during planting of corn in specific no-till and reduction till locations where damaging populations of the target rodent pests are believed to exist. At present, this pesticide is registered and commonly used to control rodent pests in nurseries, orchards, vineyards, sugarcane fields, rangeland,

and non-cropland areas.

This proposed registration is considered to be environmentally beneficial by eliminating the need for rodent control prior to planting, allowing full benefit of cover crops, reducing need for rodent control in adjacent crops, and targeting only the individual animals damaging the crop and limiting application to a small area beneath the soil surface

Information submitted by the applicant is on file with the Kansas Department of Agriculture. Written comments, data or other evidence in support of or in opposition to the proposed special local need registration may be submitted by March 8 to Gary E. Boutz, Plant Health Division, Kansas Department of Agriculture, 901 S. Kansas Ave., 7th Floor, Topeka, 66612-1281.

Allie Divine Secretary of Agriculture

Doc. No. 018704

State of Kansas

Legislature

Legislative Bills and Resolutions Introduced

The following numbers and titles of bills and resolutions were recently introduced by the 1997 Legislature. Copies of bills and resolutions are available free of charge from the Legislative Document Room, 145-N, State Capitol, 300 S.W. 10th Ave., Topeka, 66612, (913) 296-4096.

Bills/Resolutions introduced January 23-29:

House Bills

HB 2061, An act concerning certain drainage districts; relating to the board of directors thereof; amending K.S.A. 24-409 and repealing the existing section, by Representative Sloan.

HB 2062, An act concerning animals; relating to the testing of equidae

for equine infectious anemia, by Representative Empson.

HB 2063, An act concerning state governmental ethics; relating to solicitation by state officers and employees; relating to gifts and honoraria; amending K.S.A. 46-271 and K.S.A. 1996 Supp. 46-236 and 46-237 and repealing the existing sections; also repealing K.S.A. 46-277, by Committee on Governmental Organization and Elections.

HB 2064, An act concerning state governmental ethics; relating to reports filed by lobbyists; amending K.S.A. 46-269 and repealing the existing section, by Committee on Governmental Organization and

Elections.

HB 2065, An act concerning election campaign finance; relating to reports filed by treasurers; amending K.S.A. 25-4148 and repealing the existing section, by Committee on Governmental Organization and Elections.

HB 2066, An act concerning election campaign finance; relating to the use of campaign contributions and property acquired by campaign contributions; amending K.S.A. 1996 Supp. 25-4157a and repealing the existing section, by Committee on Governmental Organization and Elections.

HB 2067, An act relating to the public employer-employee relations act; concerning employee organizations; amending K.S.A. 75-4324 and repealing the existing section, by Committee on Governmental Organization and Elections.

HB 2068, An act concerning civil procedure; relating to child support; amending K.S.A. 1996 Supp. 60-1610 and repealing the existing section, by Committee on Judiciary.

HB 2069, An act concerning employer immunity for disclosure of employment information; amending K.S.A. 1996 Supp. 44-119a and repealing the existing section, by Representative Swenson.

HB 2070, An act relating to banks and trust companies, concerning directors and officers; stock ownership, amending K.S.A. 9-1118 and repealing the existing section, by Committee on Financial Institutions.

HB 2071, An act concerning insurance agents and brokers; providing for the licensing of agents; regarding continuing education requirements; concerning the certification of agents by companies; amending K.S.A. 40-241i and K.S.A. 1996 Supp. 40-240f and repealing the existing sections, by Committee on Insurance.

HB 2072, An act relating to highways; concerning bridges and culverts; providing funding; amending K.S.A. 1996 Supp. 79-3492b, 79-34,118, 79-34,141 and 79-34,142 and repealing the existing sections; also repealing K.S.A. 1996 Supp. 79-34,143, by Committee on Transportation.

HB 2073, An act relating to the division of vehicles; concerning the expiration date of driver's licenses and nondriver identification cards; amending K.S.A. 8-1325 and K.S.A. 1996 Supp. 8-240, 8-246 and 8-247 and repealing the existing sections, by Committee on Transportation.

HB 2074, An act concerning the state corporation commission; relating to powers and duties; amending K.S.A. 66-104, 66-118k, 66-137, 66-1216 and 66-1502 and repealing the existing sections; also repealing K.S.A. 66-1218, by Committee on Utilities:

HB 2075, An act relating to insurance companies; concerning agents and brokers; concerning fines and penalties assessed by the commissioner of insurance; amending K.S.A. 40-2,125, 40-755, 40-938, 40-1119, 40-2407 and 40-3311 and repealing the existing sections; also repealing K.S.A. 40-226, 40-939, 40-1120, 40-1705, 40-2214, 40-2236, 40-3205, 40-3206, 40-3811, 40-4113, 40-4210 and 40-4511, by Committee on Insurance.

HB 2076, An act relating to taxation; defining hotel for sales and transient guest tax purposes; amending K.S.A. 1996 Supp. 12-1692, 12-1696 and 79-3603 and repealing the existing sections, by Committee on Taxation.

HB 2077, An act relating to income taxation; authorizing credits for the hiring of developmentally disabled persons, by Committee on Taxation.

HB 2078, An act relating to income taxation; providing for a credit therefrom for certain teaching aids purchased for assisting in the education of individuals; amending K.S.A. 1996 Supp. 79-32,117 and repealing the existing section, by Committee on Taxation.

HB 2079, An act concerning state governmental ethics; relating to solicitation by state officers and employees; relating to gifts and honoraria; amending K.S.A. 46-271 and K.S.A. 1996 Supp. 46-236 and 46-237 and repealing the existing sections; also repealing K.S.A. 46-277, by Committee on Governmental Organization and Elections.

HB 2080, An act concerning the Riley county law enforcement agency; relating to membership therein and the financing thereof; amending K.S.A. 19-4427 and 19-4443 and repealing the existing sections, by Committee on Governmental Organization and Elections.

HB 2081, An act relating to insurance; rate making and rating organizations; advisory organizations; rate administration and statistical plans; rebating of premium; repealing K.S.A. 40-925, 40-926, 40-927, 40-928, 49-928a, 40-929, 40-930, 40-931, 40-932, 40-933, 40-934, 40-935, 40-936, 40-937, 40-939, 40-940, 40-941, 40-942, 40-943, 40-944, 40-945, 40-1111, 40-11111, 40-11112, 40-1113, 40-1113, 40-1113, 40-1112, 40-1121, 40-1122, 40-1123, 40-1124, and 40-1125, by Committee on Insurance.

HB 2082, An act concerning insurance; insurance department service regulation fund; disposition of fees and certain taxes; assessments for maintenance and expenses of department; exemptions; penalties and interest; transfers from state general fund, temporary insufficiencies; schedule of fees and taxes for insurance companies and fraternal benefit societies; credit; deductions; returns; time for payment; repealing privilege tax; amending K.S.A. 40-112, 40-252, 40-252c and 40-253 and K.S.A. 1996 Supp. 40-246 and repealing the existing sections; also repealing K.S.A. 40-2801, 40-2802, 40-2805, 40-2806, 40-2807, 40-2808, 40-2809, 40-2810, 40-2811 and 40-2812 and K.S.A. 1996 Supp. 40-2803 and 40-2804, by Committee on Insurance.

HB 2083, An act concerning insurance companies; regarding the reporting of material transactions; concerning the analysis of acquisitions; regarding the change of control or ownership; amending K.S.A. 40-3304 and K.S.A. 1996 Supp. 40-3302 and repealing the existing sections; also repealing K.S.A. 1996 Supp. 40-2,158, by Committee on Insurance.

HB 2084, An act relating to sales taxation; concerning the payment thereof, by Representatives Shore, Aurand, Benlon, Boston, Carmody, Donovan, Farmer, Flower, Freeborn, Glasscock, Hayzlett, Humerickhouse, Jennison, Phill Kline, Lloyd, O'Neal, Presta, Sloan, Wagle and Wilson.

HB 2085, An act relating to taxation; enacting the Kansas estate tax act; defining resident trust for income taxation purposes; amending K.S.A. 79-1587 and K.S.A. 1996 Supp. 79-1541a, 79-1541b, 79-1542, 79-1564, 79-1569, 79-1570, 79-1571, 79-1572, 79-1574, 79-1575, 79-1576, 79-1579 and 79-1580 and repealing the existing sections; also repealing K.S.A. 79-1538, 79-1548, 79-1554, 79-1557, 79-1566, 79-1584, 79-1584a, 79-1584b, 79-1584c, 79-1585 and 79-1586 and K.S.A. 1996 Supp. 79-1537, 79-1537b, 79-1537c, 79-1537e, 79-1537f, 79-1538a, 79-1539, 79-1540, 79-1541, 79-1542a, 79-1543, 79-1545, 79-1547, 79-1549, 79-1550, 79-1551, 79-1552, 79-1553, 79-1555, 79-1556, 79-1557a, 79-1559, 79-1560, 79-1561, 79-1562, 79-1563, 79-1563a, 79-1565, 79-1567, 79-1567a, 79-1568 and 79-1573, by Representatives Shore, Adkins, Aurand, Beggs, Benlon, Boston, Carmody, Cox, Donovan, Farmer, Flower, Freeborn, Geringer, Hayzlett, Horst, Howell, Huff, Humerickhouse, Hutchins, Jennison Kejr, Phill Kline, Lane, Lloyd, Mason, Mays, Mollenkamp, O'Neal, Packer, Pottorff, Powell, Presta, Pugh, Ray, Schwartz, Shallenburger, Shultz, Sloan, Tomlinson, Vickrey, Wagle, Wells and Wilson

HB 2086, An act concerning crimes and punishment; relating to sentencing of battery; amending K.S.A. 1996 Supp. 21-4704 and repealing the existing section, by Committee on Federal and State Affairs.

HB 2087, An act relating to sales taxation, exempting certain purchases and sales of certain health promotion entities, amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Committee on Taxation.

HB 2088, An act concerning school districts, area vocational-technical schools and community colleges, relating to negotiations between

boards of education and support service employees; amending K.S.A. 75-4322 and repealing the existing section, by Committee on Education.

HB 2089, An act concerning community colleges; relating to determination of credit hour state aid and out-district tuition and state aid; amending K.S.A. 71-1702 and K.S.A. 1996 Supp. 71-301 and 71-602 and repealing the existing sections, by Committee on Education.

HB 2090, An act concerning school district finance; revising the definition of local effort; affecting the determination of general state aid; authorizing adoption of supplemental general fund budgets; amending K.S.A. 72-6416 and K.S.A. 1996 Supp. 72-6410, 72-6431 and 72-6438 and repealing the existing sections; also repealing K.S.A. 72-6434 and 72-6435 and K.S.A. 1996 Supp. 72-6431a, 72-6433 and 72-6433a, by Committee on Education.

HB 2091, An act concerning the state board of education, relating to the issuance or renewal of certificates of certain persons; authorizing the state board to receive certain information, by Committee on Education.

HB 2092, An act concerning schools; relating to the compulsory attendance age of children; amending K.S.A. 72-1111, as amended by section 121 of chapter 229 of the 1996 Session Laws of Kansas, and K.S.A. 1995 Supp. 72-1113, as amended by section 122 of chapter 229 of the 1996 Session Laws of Kansas, and repealing the existing sections; also repealing K.S.A. 72-1111 and K.S.A. 1996 Supp. 72-1113, by Committee on Education.

HB 2093, An act regulating traffic; concerning certain safety equipment; amending K.S.A. 8-1598 and K.S.A. 1996 Supp. 8-1344 and repealing the existing sections, by Committee on Transportation.

HB 2094, An act relating to the regulation of securities; amending K.S.A. 17-1254, 17-1255, 17-1262a, 17-1263, 17-1268, 17-1270 and 17-1272 and K.S.A. 1996 Supp. 17-1252, 17-1259 and 17-1262 and repealing the existing sections, also repealing K.S.A. 17-1256 and K.S.A. 1996 Supp. 75-6308, by Committee on Financial Institutions.

HB 2095, An act concerning municipal universities; use of proceeds from tax levy; amending K.S.A. 13-13a23 and repealing the existing section, by Representatives Kuether, Bradley, Flora, Kirk, Mays, Nichols and Toelkes.

HB 2096, An act concerning professional negotiation between boards of education and professional employees; affecting the definition of terms and conditions of professional service; amending K.S.A. 72-5413 and repealing the existing section, by Committee on Education.

HB 2097, An act concerning consumer protection; relating to physical fitness centers, by Representative Vickrey.

HB 2098, An act concerning school districts; authorizing the enrollment therein of nonresident pupils under certain circumstances; relating to transportation of such pupils to and from school; amending K.S.A. 72-8303 and 72-8309, and K.S.A. 1996 Supp. 72-8302 and repealing the existing sections, by Representatives Aurand and Jennison and Hayzlett, Mollenkamp, Neufeld and Shore.

HB 2099, An act concerning the practice of geology; providing for licensure and regulation as a technical profession; amending K.S.A. 74-7005 and 74-7006 and K.S.A. 1996 Supp. 74-7003 and and 74-7013 and repealing the existing sections, by Representatives Edmonds and Geringer.

HB 2100, An act regulating traffic; failure to drive on roadway of highway; amending K.S.A. 1996 Supp. 8-2118 and repealing the existing section, by Representative Myers.

HB 2101, An act concerning certain state officers and employees; relating to the acceptance or solicitation of gifts, loans and other gratuities, by Committee on Governmental Organization and Elections.

HB 2102, An act repealing K.S.A. 13-2903; relating to cities of the first class; relating to the disqualification of certain persons from certain offices, by Committee on Governmental Organization and Elections.

HB 2103, An act concerning the secretary of corrections; disposition of unclaimed bodies of deceased inmates in custody of secretary of corrections; amending K.S.A. 22a-215 and 65-904 and repealing the existing sections, by Committee on Federal and State Affairs.

HB 2104, An act relating to nonprofit hospital service corporations, nonprofit medical service corporations, nonprofit optometric service corporations, and nonprofit pharmacy service corporations; amending K.S.A. 19-212a, 40-112, 40-222c, 40-2,125, 40-2217, 40-2227, 40-2402, 40-3606, 65-28,108 and 65-6002 and K.S.A. 1996 Supp. 40-225, 40-2,116, 40-2,153 and 40-3302 and repealing the existing sections; also repealing K.S.A. 40-1801, 40-1802, 40-1803, 40-1804, 40-1805, 40-1806, 40-1807, 40-1808, 40-1809; 40-1811, 40-1813, 40-1816, 40-1901, 40-1902, 40-1903, 40-1904, 40-1905, 40-1906, 40-1907, 40-1908, 40-1911, 40-1912, 40-1914, 40-1914, 40-1912, 40-1914,

1915, 40-19601, 40-19602, 40-19603, 40-19604, 40-19605, 40-19606, 40-19608, 40-19609, 40-19611, 40-19612, 40-19613, 40-19614, 40-19601, 40-19602, 40-19603, 40-19604, 40-19605, 40-19606, 40-19608, 40-19609, 40-19611, 40-19612, 40-19613 and 40-19614 and K.S.A. 1996 Supp. 40-1909, 40-19610 and 40-19610, by Committee on Insurance.

HB 2105, An act relating to taxation; enacting the Kansas tax equity and fairness act of 1997; amending K.S.A. 77-548, 79-6a02, 79-1701a, 79-1702, 79-2969, 79-3230, 79-3268 and 79-3607 and K.S.A. 1996 Supp. 74-2438, 77-549, 77-550, 79-332a, 79-1422, 79-1427a, 79-1575, 79-2001, 79-2004, 79-2004, 79-2005, 79-2968, 79-3226, 79-32,105, 79-32,107, 79-3420, 79-3609, 79-3610, 79-3615 and 79-4226 and repealing the existing sections, by Committee on Taxation.

HB 2106, An act relating to cosmetologists; concerning continuing education hours required for renewal of cosmetologist licenses; amending K.S.A. 1996 Supp. 65-1904 and repealing the existing section, by Representatives P. Long, Aurand, Compton, Dahl, Empson, Faber, Freeborn, Geringer, Hayzlett, Hutchins, Mason, McCreary, O'Connor, Palmer, J. Peterson, Pottorff, Powell, Powers, Presta, Ruff, Thimesch, Tomlinson and Toplikar.

HB 2107, An act relating to sales taxation; exempting purchases made by religious organizations therefrom; amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Representatives Wilson, Adkins, Ballou, Beggs, Benlon, Bradley, Dean, Donovan, Edmonds, Faber, Franklin, Hayzlett, Huff, Jennison, Johnson, Kejr, Phill Kline, Mason, Mayans, Mays, McKinney, Minor, Morrison, Neufeld, Powell, Pugh, Shallenburger, Shultz, Tanner, Thimesch, Toplikar, Vining, Wagle, Weber and Wilk.

HB 2108, An act concerning the Kansas commission on veterans affairs; relating to Persian Gulf War syndrome; establishing an advisory board; prescribing powers, duties, functions and guidelines for the commission and advisory board; providing for confidentiality of certain information and exceptions thereto; establishing the Persian Gulf War veterans health initiative fund; providing for certain contributions, by Representatives Thimesch, Alldritt, Ballard, Ballou, Beggs, Burroughs, Compton, Correll, Crow, Dahl, Dean, Donovan, Farmer, Feuerborn, Flaharty, Flora, Flower, Freeborn, Garner, Gilbert, Glasscock, Haley, Helgerson, Henderson, Henry, Howell, Humerickhouse, Johnston, Kirk, Klein, Krehbiel, Kuether, Larkin, J. Long, P. Long, Mays, McClure, McCreary, McKechnie, McKinney, Mollenkamp, Morrison, Myers, Nichols, O'Connor, Pauls, E. Peterson, J. Peterson, Phelps, Powell, Powers, Pugh, Reardon, Ruff, Sawyer, Shallenburger, Sharp, Shore, Showalter, Sloan, Spangler, Toelkes, Tomlinson, Toplikar, Vickrey, Weiland, Welshimer and Wilk

HB 2109, An act relating to sales taxation; concerning refunds of tax paid upon certain sales of motor vehicles, by Representatives Myers, Beggs, Benlon, Huff, Humerickhouse, Mason, Powell, Powers, Sloan, Toplikar and Vickrey.

HB 2110, An act concerning the joint committee on computers and telecommunications; amending K.S.A. 46-2101 and repealing the existing section, by Joint Committee on Computers and Telecommunications.

HB 2111, An act relating to income taxation; concerning personal exemption amounts; amending K.S.A. 79-32,121 and repealing the existing section, by Representatives Powell and Carmody.

HB 2112, An act concerning special education services; relating to termination of agreements entered into by school districts for the provision of such services; amending K.S.A. 72-968 and 72-8230 and repealing the existing sections, by Committee on Education.

HB 2113, An act relating to tax liens; amending K.S.A. 79-3235 and 79-3617 and repealing the existing sections, by Representative Correll.

HB 2114, An act concerning elections; relating to voter registration; amending K.S.A. 1996 Supp. 25-2309 and 25-2311 and repealing the existing sections, by Committee on Governmental Organization and Elections.

HB 2115, An act relating to sales taxation; exempting sales by members of the Girl Scouts of America therefrom; amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Committee on Taxation.

HB 2116, An act relating to community colleges; authorizing the imposition of a retailers' sales tax by the governing body thereof; providing authorities and duties for the department of revenue relating thereto; amending K.S.A. 71-204 and repealing the existing section, by Committee on Taxation.

HB 2117, An act relating to property taxation; requiring approval of certain exemptions therefrom by school districts, by Committee on Taxation

HB 2118, An act relating to sales taxation; exempting certain purchases of the Habitat for Humanities; amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Committee on Taxation.

HB 2119, An act concerning community colleges; transferring supervision thereof from the state board of education to the state board of regents; providing for state operating grants; amending K.S.A. 12-16,102, 71-202, 71-204, 71-211, 71-612, 71-613, 71-615, 71-701, 71-801, 71-802, 71-901, 71-902, 71-1104, 71-1105, 71-1106, 71-1201, 71-1309, 71-1406, 71-1507, 71-1702, 72-7518a, 72-9002 and 72-9006 and K.S.A. 1996 Supp, 71-201, 71-301, 71-603, 71-609 and 71-611 and repealing the existing sections; also repealing K.S.A. 71-304, 71-305, 71-306, 71-401, 71-402, 71-403, 71-601, 71-605, 71-609a, 71-610, 71-1705 and 72-4424 and K.S.A. 1996 Supp. 71-406, 71-602, 71-607, 71-613a and 71-619, by Representatives Reinhardt and Empson.

HB 2120, An act concerning insurance; relating to available medical treatment; amending K.S.A. 1996 Supp. 44-510 and repealing the existing section, by Committee on Insurance.

HB 2121, An act concerning the employment security law; relating to wage reports; amending K.S.A. 1996 Supp. 44-717 and repealing the existing section, by Committee on Business, Commerce and Labor.

HB 2122, An act concerning the workers compensation act, relating to the definition of health care provider thereunder, amending K.S.A. 1996 Supp. 44-508 and repealing the existing section, by Committee on Business, Commerce and Labor.

HB 2123, An act designating bridge no. 013 located on United States highway 59 in Atchison county as the Amelia Earhart memorial bridge, by Representative Henry.

HB 2124, An act concerning the employment security law relating to the benefit eligibility; amending K.S.A. 1996 Supp. 44-706 and repealing the existing section, by Representative Empson.

HB 2125, An act concerning the district court; relating to the clerk of the district court; amending K.S.A. 20-3133 and repealing the existing section, by Representative Swenson (By Request).

HB 2126, An act concerning limited liability companies; relating to such companies exercising powers of a professional association or professional corporation; amending K.S.A. 17-7604, 17-7607 and 17-7608 and K.S.A. 1996 Supp. 40-3401 and repealing the existing sections, by Committee on Judiciary.

HB 2127, An act concerning corrections; relating to disposition of certain moneys paid to immates; amending K.S.A. 1996 Supp. 75-5268 and repealing the existing section, by Committee on Appropriations.

HB 2128, An act relating to elections; relating to certain campaign practices; amending K.S.A. 25-4119g and 25-4156 and K.S.A. 1996 Supp. 25-4152 and repealing the existing sections, by Representative Sloan.

HB 2129, An act concerning licensed masters level psychologists; practice requirements; amending K.S.A. 1996 Supp. 74-5362 and 74-5363 and repealing the existing sections; also repealing K.S.A. 74-5363, as amended by section 124 of chapter 229 of the 1996 Session Laws of Kansas, by Committee on Appropriations.

HB 2130, An act concerning campaign finance; relating to contributions and the use thereof; amending K.S.A. 1996 Supp. 25-4157a and repealing the existing section, by Representative O'Neal.

House Concurrent Resolutions

HCR 5004, A proposition to amend section 13 of article 11 of the constitution of the state of Kansas, relating to exemption of property used for oil and gas development, exploration and production purposes.

HCR 5005, A proposition to amend section 1 of article 10 of the constitution of the state of Kansas, relating to the reapportionment of senatorial and representative districts.

Senate Bills

SB 82, An act concerning weights and measures; relating to test weights; amending K.S.A. 1996 Supp. 83-304 and repealing the existing section, by Committee on Agriculture.

SB 83, An act concerning the employment security law; amending K.S.A. 1996 Supp. 44-709, 44-710 and 44-718 and repealing the existing sections, by Committee on Commerce.

SB 84, An act concerning municipal and gas utilities; service outside three miles of city; amending K.S.A. 12-808a, 12-808b and 66-131 and repealing the existing sections, by Committee on Utilities.

SB 85, An act concerning special education services; relating to termination of agreements entered into by school districts for the provision of such services; amending K.S.A. 72-968 and 72-8230 and repealing the existing sections, by Committee on Education.

SB 86, An act relating to public moneys; concerning depositories; amending K.S.A. 9-1401, 9-1403, 9-1406, 9-1407, 12-1676 and 17-5002 and K.S.A. 1996 Supp. 9-1402, 9-1405, 12-1675, 12-1677a, 12-1677b, 75-4201 and 75-4218 and repealing the existing sections, by Committee on Financial Institutions and Insurance.

SB 87, An act concerning criminal procedure; relating to cigarette or tobacco infractions; amending K.S.A. 1996 Supp. 21-3105, 22-3404, 22-3409, 22-3412 and 22-3609a and repealing the existing sections, by Committee on Judiciary.

SB 88, An act relating to unclaimed contents of safety deposit boxes upon death of lessee; amending K.S.A. 1996 Supp. 9-1504 and repealing

the existing section, by Committee on Judiciary.

SB 89, An act concerning the code of civil procedure for limited actions; relating to claim for possession of property; bond; forms; amending K.S.A. 61-2401 and repealing the existing section; also amending Form No. 11, Form No. 20, Form No. 22 and Form No. 23, in the appendix of forms following K.S.A. 61-2605 and repealing the existing forms, by Committee on Judiciary.

SB 90, An act concerning commitment of sexually violent predators; relating to jury trials; amending K.S.A. 1996 Supp. 59-29a06 and re-

pealing the existing section, by Committee on Judiciary.

SB 91, An act concerning the university of Kansas; relating to separate agency status for the Kansas geological survey for certain purposes, by Committee on Ways and Means.

SB 92, An act concerning public officers and employees; relating to public employee and employer relations; amending K.S.A. 75-4322 and 75-4326 and repealing the existing sections, by Committee on Ways and Means.

SB 93, An act concerning insurance; conversion of mutual insurer to stock insurer, amending K.S.A. 40-4001, 40-4002, 40-4004, 40-4005, 40-4006, 40-4007, 40-4008, 40-4009, 40-4010, 40-4011, 40-4012, 40-4013 and 40-4014 and repealing the existing sections; also repealing K.S.A. 40-4003, by Committee on Financial Institutions and Insurance.

SB 94, An act concerning insurance; agents, nonresident agents and insurance brokers; applicants for licensure, by Committee on Financial

Institutions and Insurance.

SB 95, An act concerning domestic relations; relating to divorce; child placement investigator's report, dissemination; amending K.S.A. 60-1615 and repealing the existing section, by Committee on Judiciary.

SB 96, An act concerning domestic relations; relating to marital property; professional goodwill; amending K.S.A. 23-201 and repealing the existing section, by Committee on Judiciary.

SB 97, An act concerning state agencies; relating to purchases of goods and services; amending K.S.A. 1996 Supp. 75-3739 and repealing the existing section, by Committee on Ways and Means.

SB 98, An act concerning state officers and employees; relating to deferred compensation contributions; amending K.S.A. 75-5525 and repealing the existing section, by Committee on Ways and Means.

SB 99, An act concerning state agencies; relating to accounting procedures; amending K.S.A. 75-3734 and repealing the existing section, by Committee on Ways and Means.

SB 100, An act concerning canceled state warrants; amending K.S.A. 46-921 and repealing the existing section, by Committee on Ways and Means, by Committee on Ways and Means.

SB 101, An act concerning civil procedure and civil actions; relating to garnishment; amending K.S.A. 60-717 and 61-2005 and repealing the existing sections; also amending Form No. 7a in the appendix of forms following K.S.A. 61-2605 and repealing the existing form, by Committee on Ways and Means.

SB 102, An act concerning state officers and employees; relating to subsistence allowance for travel; amending K.S.A. 75-3207a and repealing the existing section, by Committee on Ways and Means.

SB 103, An act concerning state officers and employees; relating to certain payroll deductions; amending K.S.A. 75-5530 and 75-5531 and repealing the existing sections, by by Committee on Ways and Means.

SB 104, An act concerning state officers and employees; relating to the reimbursement of moving expenses; concerning subsistence allowance for travel; amending K.S.A. 75-3207a and K.S.A. 1996 Supp. 74-2114, 75-5250 and 76-727 and repealing the existing sections; also repealing K.S.A. 1996 Supp. 75-3219 and 75-3224, by Committee on Ways and Means.

SB 105, An act concerning conservators; relating to creation of trusts in certain circumstances, by Committee on Judiciary.

SB 106, An act concerning conservators; relating to making of gifts in certain circumstances, by Committee on Judiciary.

SB 107, An act relating to property taxation; concerning the format of notices of change in appraised valuations; amending K.S.A. 1996 Supp. 79-1460 and repealing the existing section, by Committee on Assessment and Taxation.

SB 108, An act relating to collection of delinquent oil and gas property tax; amending K.S.A. 1996 Supp. 79-2101 and repealing the existing section, by Committee on Assessment and Taxation.

SB 109, An act relating to property taxation; concerning the timing of actual viewing and inspection of real property; amending K.S.A. 1996 Supp. 79-1476 and repealing the existing section, by Committee on Assessment and Taxation.

SB 110, An act concerning methods of taking wildlife; unlawful acts; amending K.S.A. 32-1003 and repealing the existing section, by Committee on Energy and Natural Resources.

SB 111, An act concerning the reporting of certain medically diagnosed conditions of preschool children to the secretary of health and environment; amending K.S.A. 65-1,151 and repealing the existing section; also repealing K.S.A. 65-1,141, 65-1,142, 65-1,143, 65-1,145, 65-1,146 and 65-1,147, by Committee on Public Health and Welfare.

SB 112, An act concerning campaign finance; prohibiting certain contributions and solicitations therefor during certain time periods; amending K.S.A. 25-4153a and repealing the existing section, by Senator Har-

denburger.

SB 113, An act concerning campaign finance; relating to political advertising; amending K.S.A. 25-4156 and repealing the existing section, by Committee on Elections and Local Government.

SB 114, An act repealing K.S.A. 25-4119g; concerning elections; relating to statements of fair campaign practices, by Committee on Elections and Local Government.

SB 115, An act concerning campaign finance, concerning political advertising, amending K.S.A. 25-4156 and repealing the existing section, by Committee on Elections and Local Government.

SB 116, An act concerning records open to the public, relating to the access of certain material; amending K.S.A. 45-220 and repealing the existing section, by Committee on Elections and Local Government.

SB 117, An act relating to motor vehicles, providing for license plates for recipients of the congressional medal of honor, amending K.S.A. 1996 Supp. 8-1,141 and repealing the existing section, by Committee on Transportation and Tourism.

SB 118, An act concerning vehicles; relating to terminal rent adjustment clauses, by Committee on Transportation and Tourism.

SB 119, An act relating to sales taxation; exempting certain purchases and sales of certain health promotion entities; amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Committee on Assessment and Taxation.

SB 120, An act concerning livestock; relating to confined feeding facilities; amending K.S.A. 1996 Supp. 65-171d and repealing the existing section, by Committee on Energy and Natural Resources.

SB 121, An act concerning the compliance advisory panel for the small business assistance program under the Kansas air quality act; amending K.S.A. 1996 Supp. 65-3027 and repealing the existing section, by Committee on Energy and Natural Resources.

SB 122, An act concerning asbestos control; amending K.S.A. 65-5302, 65-5303 and 65-5308 and repealing the existing sections, by Committee on Energy and Natural Resources.

SB 123, An act concerning regulation of discharges of sewage; amending K.S.A. 65-164 and 65-165 and repealing the existing sections, by Committee on Energy and Natural Resources.

SB 124, An act concerning surplus state property; amending K.S.A. 1996 Supp. 75-6602 and repealing the existing section, by Committee on Ways and Means.

SB 125, An act concerning motor vehicles; relating to the collection of registration and certificate of title fee funds; amending K.S.A. 8-145c and K.S.A. 1996 Supp. 8-145 and 8-145d and repealing the existing sections, by Committee on Ways and Means.

SB 126, An act concerning school district finance; affecting the determination of school facilities weighting; relating to the tax levy authorized to be made by certain districts for the purpose of paying costs attributable to operation of new school facilities; amending K.S.A. 72-6415 and K.S.A. 1996 Supp. 72-6441 and repealing the existing sections, by Committee on Education.

SB 127, An act concerning the director of the division of health of the department of health and environment; amending K.S.A. 1996 Supp.

75-5603 and repealing the existing section, by Committee on Public Health and Welfare.

SB 128, An act concerning the state long-term care ombudsman program; providing for establishing and operating such program by the secretary of aging; authorizing contract to operate the long-term care ombudsman office; responsibility for program requirements; amending K.S.A. 1996 Supp. 75-5916, 75-5917a and 75-5918 and repealing the existing sections; also repealing K.S.A. 1996 Supp. 75-5917, by Committee on Public Health and Welfare

SB 129, An act concerning the secretary of aging; older Americans act programs; senior care act; long-term care programs; department on aging; amending K.S.A. 75-5908 and 75-5932 and K.S.A. 1996 Supp. 75-5910, 75-5928 and 75-5945 and repealing the existing sections, also repealing K.S.A. 1996 Supp. 75-5935, by Committee on Public Health and

SB 130. An act concerning the health care data governing board; amending K.S.A. 1996 Supp. 65-6803 and repealing the existing section, by Committee on Public Health and Welfare.

SB 131, An act concerning school districts; relating to policies for the use of school buses for purposes other than pupil transportation; amending K.S.A. 1996 Supp. 72-8316 and repealing the existing section, by Senator Karr.

SB 132, An act concerning limitations on loans by banks; amending K.S.A. 1996 Supp. 9-1104 and repealing the existing section, by Committee on Financial Institutions and Insurance.

SB 133, An act concerning certain counties; relating to planning and zoning; amending K.S.A. 19-2958 and repealing the existing section, by Committee on Elections and Local Government.

SB 134, An act concerning mixing strips and road material storage areas; regulating the location thereof, by Senator Lee (By Request).

SB 135, An act concerning electronic filing of business records; amending K.S.A. 1996 Supp. 75-443 and repealing the existing section, by Committee on Commerce.

SB 136, An act concerning the criminal history record information on independent contractors; amending K.S.A. 1996 Supp. 22-4710 and repealing the existing section, by Committee on Commerce.

SB 137, An act concerning the workers compensation act; amending K.S.A. 44-505, 44-510b, 44-523, 44-5,120 and 44-5,121 and K.S.A. 1996 Supp. 44-508, 44-532, 44-551, 44-555c and 44-5,125 and repealing the existing sections; also repealing K.S.A. 1996 Supp. 44-532b, by Committee on Commerce.

SB 138, An act regulating traffic; concerning the covering of certain loads; amending K.S.A. 8-1906 and repealing the existing section, by Committee on Transportation and Tourism.

SB 139, An act relating to motor vehicles; concerning the regulation thereof; amending K.S.A. 8-127, 8-132, 8-133, 8-134, 8-145a, 8-145b, 8-145c, 8-147, 8-147a, 8-148, 8-161, 8-161b, 8-162, 8-195, 8-1,126, 8-1,130, 8-1,133, 8-1,139, 8-1556, 8-2425, 32-901 and 75-4612 and K.S.A. 1996 Supp. 8-135, 8-139, 8-142, 8-143, 8-143j, 8-145, 8-170, 8-171, 8-177a, 8-177c, 8-1,125, 8-1,129, 8-1,134, 8-1,140, 8-1,142, 8-1567, 8-2118, 75-4610 and 79-5107 and repealing the existing sections, by Committee on Transportation and Tourism.

SB 140, An act concerning child support enforcement; the uniform interstate family support act; income withholding act; amending K.S.A. 23-4,101, 23-4,106, 23-4,107, 23-4,108, 23-4,109, 23-4,110, 23-4,111, 23-4,129, 23-4,133, 23-4,146, 23-9,101, 23-9,202, 23-9,205, 23-9,206, 23-9,207, 23-9,301, 23-9,304, 23-9,305, 23-9,306, 23-9,307, 23-9,311, 23-9,313, 23-9,401, 23-9,501, 23-9,605, 23-9,606, 23-9,607, 23-9,609, 23-9,610, 23-9,611, 23-9,801, 23-9,902, 32-930, 38-1113, 38-1131, 39-702, 39-753, 39-758, 39-759, 44-514, 60-2202, 60-2401 and 75-3306 and K.S.A. 1996 Supp. 38-1115, 38-1119, 38-1137, 38-1138, 74-146, 74-147 and 79-3234 and repealing the existing sections, by Committee on Ways and Means.

SB 141, An act relating to sales taxation; exempting sales of broadcasting machinery and equipment; amending K.S.A. 1996 Supp. 79-3606 and repealing the existing section, by Committee on Assessment and

SB 142, An act relating to qualifications for appointment as a county or district appraiser; amending K.S.A. 19-430 and repealing the existing section, by Committee on Assessment and Taxation.

SB 143, An act concerning state governmental ethics; relating to solicitation by state officers and employees; relating to gifts and honoraria; amending K.S.A. 46-271 and K.S.A. 1996 Supp. 46-236 and 46-237 and repealing the existing sections; also repealing K.S.A. 46-277, by Senators Hardenburger, Clark, Harrington, Huelskamp, Jordan, Oleen, Ranson and Sallee.

SB 144, An act concerning cities; relating to the payment of the proceeds of fire insurance policies; amending K.S.A. 40-3901 and repealing the existing section, by Committee on Elections and Local Government

SB 145, An act concerning elections; relating to advance voting; amending K.S.A. 25-3301 and K.S.A. 1996 Supp. 25-1120, 25-1122, 25-1123, 25-1124, 25-1128 and 25-2316c and repealing the existing sections, by Committee on Elections and Local Government.

SB 146, An act concerning cities; relating to the removal or destruction of weeds; relating to the assessment and collection of costs thereof; amending K.S.A. 1996 Supp. 12-1617f and repealing the existing section, by Committee on Elections and Local Government.

Senate Resolutions

SR 1805, A resolution in memory of Clyde Tombaugh. SR 1806, A resolution in memory of Mr. Stan Rose.

Doc. No. 018686

State of Kansas

Department of Health and Environment **Request for Comments**

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality construction permit. Continental Coal, Inc. has applied for an air quality construction permit in accordance with the provisions of K.A.R. 28-19-300 to install and operate a portable coal crushing facility. Emissions of oxides of nitrogen, carbon monoxide, sulfur oxides, volatile organic compounds, particulate matter and particulate matter less than 10 microns were evaluated during the permit review process

Continental Coal, Inc., 4550 W. 109th, Suite 206, Leawood, owns and operates the stationary source located at S4-T23S-R18E in Linn County, at which the coal crushing

facility is to be installed and operated.

A copy of the proposed permit, permit application, all supporting nonconfidential documentation and all information relied upon during review of the permit application is available for public inspection during normal business hours at the KDHE, Bureau of Air and Radiation, Building 283, Forbes Field, Topeka, and at the KDHE southeast district office, 1500 W. 7th, Chanute. To obtain or review the proposed permit and supporting documentation, contact David A. Peter, (913) 296-1615, at the KDHE central office, or Lynn Ranabargar, (316) 431-2390, at the KDHE southeast district office. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to David A. Peter, KDHE, Bureau of Air and Radiation, Building 283, Forbes Field, Topeka, 66620. Written comments must be received by the close of business March 10 in order to be considered in formulating a final permit decision.

A person may request a public hearing be conducted on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Connie Carreno, Bureau of Air and Radiation, not later than the close of business March 10 in order for the Secretary of Health and Environment to consider the request.

> James J. O'Connell Secretary of Health and Environment

(Published in the Kansas Register February 6, 1997.)

City of Liberal, Kansas Notice to Contractors 88TE-0069-01 TEA-T006(901)

The City of Liberal will receive sealed bids for the renovation of the Rock Island Depot and Grier Hotel in Liberal, and associated site work, in accordance with plans and specifications prepared by Thompson and Associates. All sealed bids will be opened and read aloud at a public meeting at 2 p.m. March 6 in the City Commission Chambers, 110 E. 4th, Liberal, before which time all bids shall be in the hands of the City of Liberal, grant administrator at the above address.

A mandatory (for general contractors) pre-bid conference and project walk-through will be at 2 p.m. February 18 at the project site. Failure to attend the mandatory pre-bid conference will make the bid nonresponsive and not eligible for award consideration.

This project is the renovation and exterior restoration of the Rock Island Depot and exterior restoration of the Grier Hotel locafed at the southeast corner of the intersection of Trail Street and Kansas Avenue (Business Route Highway 83) in Liberal.

The City of Liberal and the Kansas Department of Transportation have entered into an agreement for the use of Federal Transportation Enhancement (ISTEA) funds for this project. The City of Liberal and the Kansas Department of Commerce and Housing have entered into

Department of Commerce and Housing have entered into an agreement for the use of a Federal Housing and Urban Development Community Development Block Grant for a portion of the project qualifying as ADA-required mod-

ifications.

There will be no discrimination against anyone because of race, age, religion, color, sex, disability or national origin in the award of contracts. Bidders and subcontractors shall be required to meet the requirements as to conditions of employment to be observed and minimum wages to be paid under the contract, Section 3, Segregated Facility, Section 109, EE011246 and Section 912 of the Cranston-Gonzales National Affordable Housing Act amended Section 109(a) of the HCD Act to prohibit discrimination on the basis of religion.

Each bidder shall furnish with the bid a bid bond, certified cashier's check or currency equal to 5 percent of the amount of the base bid. Each bid also shall be accompanied by proof of Worker's Compensation Insurance and Commercial General Liability Insurance as required by the specifications. Each bid shall also include Certification of Involvement or Non-Involvement of a State Legislator, Certification Regarding Non-Collusion and History of Disbarment and the Required Contractor Provision Certification-Federal Funds Lobbying. All of these forms are included in the specifications. Failure to submit the above described documents and execute all of the required documents in accordance with the plans and specifications will make the bid nonresponsive and not eligible for award consideration.

Plans and specifications may be obtained after February 1 from Thompson and Associates Architects, 529 N. Lincoln, Liberal, 67901, (316) 626-5204. A \$50 deposit per

set is required and shall be refunded to those contractors who return the documents in good condition within 14 days after the bids have been received.

City of Liberal, Kansas

Doc. No. 018669

State of Kansas

Department of Health and Environment

Request for Comments

The Kansas Department of Health and Environment is soliciting comments regarding a proposed air quality Class II operating permit. Bethany Medical Center has applied for a Class II operating permit in accordance with the provisions of K.A.R. 28-19-540. Bethany Medical Center operates one incinerator, three boilers, three emergency generators and miscellaneous power plant equipment. Emissions of sulfur oxides and hydrochloric acid were evaluated during the permit review process. The purpose of the Class II operating permit is to limit the potential-to-emit of sulfur oxides to below 100 tons per year and hydrochloric acid to below 10 tons per year.

Bethany Medical Center, 51 N. 12th St., Kansas City, Kansas, owns and operates the stationary source located

at the same address.

A copy of the proposed permit, permit application, all supporting nonconfidential documentation and all information relied upon during the permit application review process is available for public review during normal business hours at the Department of Air Quality, Wyandotte County Health Department, 619 Ann Ave., Kansas City, and at the Bureau of Air and Radiation, Kansas Department of Health and Environment, Building 283, Forbes Field, Topeka. To obtain or review the proposed permit and supporting documentation, contact Roylene A. Cunningham at the Wyandotte County Health Department, (913) 573-6700, or Connie Carreno at the Kansas Department of Health and Environment, (913) 296-6422. The standard departmental cost will be assessed for any copies requested.

Direct written comments or questions regarding the proposed permit to Roylene A. Cunningham, Department of Air Quality, Wyandotte County Health Department, 619 Ann Ave., Kansas City, KS 66101. Written comments must be received by the close of business March 10 in order to be considered in formulating a final permit decision.

A person may request a public hearing be conducted on the proposed permit. The request for a public hearing shall be in writing and set forth the basis for the request. The written request must be submitted to Connie Carreno, Bureau of Air and Radiation, Kansas Department of Health and Environment, Building 283, Forbes Field, Topeka, 66620, not later than the close of business March 10 in order for the Secretary of Health and Environment to consider the request.

James J. O'Connell Secretary of Health and Environment

Department of Health and Environment

Notice Concerning Kansas Water Pollution Control Permits

In accordance with state regulations 28-16-57 through 63, 28-18-1 through 4, 28-16-150 through 154, 28-46-7, and the authority vested with the state by the administrator of the U.S. Environmental Protection Agency, draft permits have been prepared for discharges to the waters of the United States and the State of Kansas for the class of dischargers described below. The determinations for permit content are based on staff review, applying the appropriate standards, regulations and effluent limitations of the State of Kansas and the EPA, and when issued will result in a state water pollution control permit and national pollutant discharge elimination system authorization subject to certain conditions.

Public Notice No. KS-AG-97-32/37

Name and Address of Applicant	Legal Description	Receiving Water
Glenwood Farms	NW/4, Sec. 32,	Walnut River
Glen Claassen	T23S, R4E,	Basin
12735 N.W. Buffalo Road	Butler County	
Potwin, KS 67123		1,

Kansas Permit No. A-WABU-\$025

This is an existing facility for 800 head (320 animal units) of swine.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: None, existing controls adequate.

Name and Address	Legal	Receiving
of Applicant	Description	Water
Irsik & Doll Feedyard	S/2, Sec. 20,	Upper Arkansa
8220 E. Highway 50	& NE/4, Sec. 19,	River Basin
Garden City, KS 67846	T24S, R31W, Finney County	y Kiley

Kansas Permit No. A-UAFI-C004 Federal Permit No. KS-0055069 This is an existing facility for 35,000 head (35,000 animal units) of cattle.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: None, existing controls adequate.

Name and Address of Applicant	Legal Description	Receiving Water
Gordon Dalke	NE/4, Sec. 28,	Neosho River
Route 3, Box 2	T19S, R2E,	Basin
Hillsboro, KS 67063	Marion County	

Kansas Permit No. A-NEMN-M001

minimum requirements.

This is an existing facility for 100 head (140 animal units) of dairy cattle. Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE

Compliance Schedule: None, existing controls adequate.

Name and Address of Applicant	Legal Description	Receiving Water
Schweizer Dairy, Inc. Tim Schweizer	SE/4, Sec. 27, T22S, R9W,	Lower Arkansas River Basin
24216 W. 43rd Sterling, KS 67579	Reno County	

Kansas Permit No. A-ARRN-M002

This is an existing facility for 600 head (600 animal units) of cattle.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: None, existing controls adequate.

Name and Address	Legal	Receiving
of Applicant	Description	Water
Kanza Dairy	E/2, Sec. 13,	Saline River
Rodger Schneider	T14S, R4W,	Basin
4860 W. Crawford	Saline County	t a la grand de la companya de la c La companya de la co
Salina, KS 67401		The state of the s

Kansas Permit No. A-SASA-M003

This is a new facility for 200 head (280 animal units) of dairy cows.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: The waste management plan developed by the designer and approved by the department shall be adhered to as a condition of this permit. The plan calls for nutrient analysis of both liquids and solids with applications to meet crop nutrient needs. If wastes are not analyzed for nutrient content, wastewater shall be applied at not greater than 1.0 acre inch per acre.

Dewatering equipment shall be obtained within three months after issuance of this permit through purchase, rental or custom application agreement. It shall be capable of pumping at least 80 gallons per minute and dispersing the wastewater over 19 acres of land suitable for waste application. Written verification of the acquisition of the equipment shall be submitted to the department.

Name and Address	Legal Receiving
of Applicant	Description Water
Michael and Regina Rencin	SW/4, Sec. 20, Big Blue River
2645 24th Road	T3S, R5E, Basin
Barnes, KS 66933	Washington County

Kansas Permit No. A-BBWS-S041

This is a new facility for 2,000 head (800 animal units) of swine.

Wastewater Control Facilities: Wastewater will be impounded for subsequent application to agricultural land for beneficial use. Wastewater storage capacity is provided which meets or exceeds KDHE minimum requirements.

Compliance Schedule: The waste management plan developed by the designer and approved by the department shall be adhered to as a condition of this permit. The plan calls for nutrient analysis of both liquids and solids with applications to meet crop nutrient needs. If wastes are not analyzed for nutrient content, wastewater shall be applied at not greater than 1.0 acre inch per acre per year.

Dewatering equipment shall be obtained within three months after issuance of this permit through purchase, rental or custom application agreement. It shall be capable of pumping at least 90 gallons per minute and dispersing the wastewater over 57 acres of land suitable for waste application. Written verification of the acquisition of the equipment shall be submitted to the department.

Public Notice No. KS-97-011/013

Name and Address of Applicant	Type of Waterway Discharge
Coleman Company, Inc. Northeast Groundwater	Arkansas River Treated via Chisholm Creek groundwater
Remed.	via drainage ditch
3600 N. Hydraulic Wichita, KS 67219	

Kansas Permit No.: I-AR94-PO70 Federal Permit No.: K\$-0091421 Location: 3600 N. Hydraulic, Wichita, Kansas

Facility Description: The proposed action is to re-issue an existing permit for operation of an existing wastewater treatment facility. This facility manufactures recreational camping equipment and plastic products. This is a groundwater remediation project. Chlorinated-hydrocarbon contaminated groundwater is treated in an air stripper prior to discharge to a drainage ditch. Average discharge is about 136,800 gpd. The effluent limitations are pursuant to Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are water quality based.

Name and Address of Applicant Continental Coal, Inc. Prescott Mine

4550 W. 109th, Suite 206 Leawood, KS 66211

Waterway Marais des Cygnes River via Little

Discharge Stormwater and pit dewatering

Type of

Osage Creek via Indian Creek and via Laberdie Creek

Kansas Permit No.: I-MC37-PO01 Federal Permit No.: KS-0092789 Location: S4,5,6, T23S, R25E and S1, T23S, R24E, Linn County

Facility Description: The proposed action is to issue a new permit for operation of a new coal strip mine water treatment system. Stormwater runoff and active strip pit dewatering flows are directed to sedimentation ponds for treatment prior to discharge. Coal processing consists of sizing only; no water is utilized in the sizing process. The effluent limitations are pursuant to Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are water quality based.

Name and Address of Applicant City of Prescott

City Hall P. O. Box 223 Prescott, KS 66767

Waterway Little Osage River via E. Laberdie

Type of Discharge

Treated domestic wastewater

Kansas Permit No.: M-MC37-OO01 Federal Permit No.: KS-0023671 Location: SE14, S7, T23S, R25E, Linn County

Creek

Facility Description: The proposed action is to re-issue an existing permit for operation of an existing wastewater treatment facility. The facility is an activated sludge extended aeration mechanical plant with a polishing pond. The permit contains a schedule of compliance to upgrade the facility to meet water quality standards and permit requirements. The effluent limitations are pursuant to Kansas surface water quality standards, K.A.R. 28-16-28(b-f), and federal surface water criteria, and are water quality based.

Written comments on the draft permits must be submitted to the attention of Lisa Duncan for agricultural permits or to the permit clerk for all other permits, Kansas Department of Health and Environment, Division of Environment, Bureau of Water, J Street and 2 North, Forbes Field, Building 283, Topeka, 66620. All comments postmarked or received on or before March 7 will be considered in the formulation of final determinations regarding this public notice. Please refer to the appropriate public notice number (KS-AG-97-32/37, KS-97-011/013) and the name of applicant as listed when preparing comments.

If no objections are received during the public notice period, the Secretary of Health and Environment will issue the final determination. If response to this notice indicates significant public interest, a public hearing may be held in conformance with state regulation 28-16-61 (28-46-21 for UIC). Media coordination for publication and/ or announcement of the public notice or public hearing is handled by the Kansas Department of Health and Environment.

The applications, proposed permits, including proposed effluent limitations and special conditions, fact sheets as appropriate, comments received, and other information are on file and may be inspected at the Kansas Department of Health and Environment offices, Building 283, Forbes Field, Topeka, from 8 a.m. to 5 p.m. Monday through Friday. The documents are available upon request at the copying cost assessed by KDHE. Additional copies of this public notice also may be obtained at the Division of Environment.

> James J. O'Connell Secretary of Health and Environment

State of Kansas

Kansas State University

Notice to Bidders

Sealed bids for the items listed below will be received by the Kansas State University Purchasing Office, Manhattan, until 2 p.m. local time on the date indicated and then will be publicly opened. Interested bidders may call (913) 532-6214 or (913) 532-5632 for additional informa-

> Friday, February 14, 1997 #70168

Cryopumps and compressors

Tuesday, February 18, 1997 **#70175**

Fluorescence and absorbance reader

William H. Sesler Director of Purchasing

Doc. No. 018694

State of Kansas

Department of Administration **Division of Purchases**

Notice to Bidders

Sealed bids for the following items will be received by the Director of Purchases, Room 102, Landon State Office Building, 900 S.W. Jackson, Topeka, until 2 p.m. on the date indicated and then will be publicly opened. Interested bidders may call (913) 296-2377 for additional information.

Tuesday, February 18, 1997

Kansas Correctional Industries—Vinyl laminated fabric

5386

Department of Social and Rehabilitation Services-Furnish all labor and materials for bathroom modifications, LaCygne

Wednesday, February 19, 1997

Statewide—Acetylene, oxygen and liquid nitrogen 32284

Department of Social and Rehabilitation Services— Janitorial services, Columbus

Statewide—Bakery products

32288

Statewide—Wiping rags (primarily DOT)

5416

Kansas State University—Hi-Pro soybean meal

Thursday, February 20, 1997

Statewide—Electric powered hand tools

32292

Statewide—Collection and disposal of waste motor

(continued)

5395

Lansing Correctional Facility—Hollow metal doors, frames, windows and hardware

5396

Lansing Correctional Facility—Hollow metal and aluminum windows

5397

Lansing Correctional Facility—Fans, vents, grills, registers, diffusers and louvers

5399

Department of Transportation—Corrugated polyethylene pipe

5400

Department of Transportation—Metal working machine

Friday, February 21, 1997

32280

Statewide—Software

5405

University of Medical Center—Lever combination locks-cylinders

5406

State School for the Blind—All labor and materials to refurbish pools

5407

Kansas State University—Parking meter mechanisms
5410

Department of Transportation—Pickup truck

5411

Department of Transportation—Milling of asphalt surface, Salina

5412

Kansas State University—Carpet (material only) 5413

Kansas State University—Kitchen cabinets

5414

Kansas State University—Lathe and milling machine

Tuesday, February 25, 1997

32295

Department of Wildlife and Parks—Duplication and related services

5398

Department of Health and Environment—Grilz/ Frontenac reclamation project, Frontenac

Thursday, February 27, 1997

32275

Statewide—Hand tools and miscellaneous hardware

Friday, February 28, 1997

A-7755

University of Kansas—Clean and seal northeast Anschutz Science Library

A-7943

University of Kansas—Total reroof, G.S. Pearson Hall A-7997

Wichita State University—Tuckpoint and waterproofing, Wilkie Hall

A-8126

University of Kansas—Remodel classrooms, Robinson Center

Tuesday, March 4, 1997

A-7891

University of Kansas Medical Center—Emergency electrical system upgrade, Bell Memorial Hospital A-7952

Department of Human Resources—Reroof Job Service Center, Salina

A-7986

Kansas Vocational Rehabilitation Center—Circuit breaker trip units/main switchgear repairs, main power plant

A-8092

University of Kansas—ADA access/architectural remodel, crumbling classrooms, Fraser, Snow and Learned Halls

A-8121

University of Kansas—Classlab improvements, Malott Hall, various rooms

Thursday, March 6, 1997

32283

Youth Center at Atchison—Lease of farmland

Monday, March 10, 1997 32289

Kansas Soldiers' Home—Land lease

Request for Proposals

Thursday, February 20, 1997

32297

Space lease for Social and Rehabilitation Services
Disability Determination

Friday, February 28, 1997

5415

Mail hub/message switch for the Department of Administration, Division of Information Systems and Communications

John T. Houlihan Director of Purchases

Doc. No. 018706

State of Kansas

Department of Administration

Permanent Administrative Regulations

Article 14.—LAYOFF PROCEDURES AND ALTERNATIVES TO LAYOFF

1-14-12a. Special provisions for employees affected by institution closings; global notice of layoff; right of first refusal, eligible pools, and interview procedures; accrued sick leave payout; health care coverage; extended death benefit coverage; and severance pay. To provide for the safety and well-being of patients in each institution subject to closure, each employee who is laid off from one of those institutions shall be eligible for special provisions to the extent authorized by this regulation. "Institution" means Topeka state hospital and Winfield

state hospital and training center, as defined in K.S.A. 1996 Supp. 75-4376.

(a) Layoff notice.

(1) Each employee of an institution shall be given a global notice of layoff by the secretary of administration up to 180 days prior to the closure of the institution or when a specific operation within the institution ceases. The global notice of layoff shall be directed to all employees of the closing institution or to all employees performing functions which are part of the operation which will cease. Each agency shall notify the director in writing of the proposed date of the global notice of layoff at least 10 working days before the global notice is to be issued.

(2) In addition to the global notice of layoff, the appointing authority shall give each employee an individual notice of layoff in accordance with K.A.R. 1-14-9 specifying the individual date of layoff. Notwithstanding the provisions of K.A.R. 1-14-8, the appointing authority shall not be required to compute a layoff score for any em-

ployee of the institution.

(3) Because all employees of the agency will be laid off due to the closing of the institution, and in order to ensure patient safety and well-being and to minimize disruption, the bumping procedures established under K.A.R. 1-14-10 shall not be applied to any employee of the institution.

- (b) Right of first refusal. Each eligible employee shall have one right of first refusal which may be exercised for up to 24 months after the date of the employee's layoff. During the first six calendar days of the opening of any vacancy, only eligible employees who are exercising the right of first refusal shall be eligible to apply and be considered as candidates.
 - Definitions.

(A) For purposes of this regulation, "right of first refusal" means the right of an eligible employee to be offered and to accept any vacancy in any agency before the position is open to any other registrants when:

(i) the vacant position is in the same or a lower pay grade than the pay grade on which the eligible employee

was paid at the time of the layoff;

(ii) the eligible employee applies for the vacant position within the first six calendar days of the notice of vacancy, and indicates that the employee is exercising the right of first refusal; and

(iii) the eligible employee meets the required selection

criteria for the class.

(B) For purposes of this regulation, a "vacancy" means any regular position within any state agency which the agency intends to fill. "Vacancy" shall include any position which the agency intends to fill internally by recruiting only among state employees and persons in reemployment and reinstatement pools, as well as any position which the agency intends to fill by recruiting from among the general public. "Vacancy" shall also include direct entry positions and training class positions.

(C) For purposes of subsections (b) and (c), "eligible employee" means an employee of an institution who meets the criteria under subsection (a) of K.S.A. 1996

Supp. 75-4370.

(2)(A) Notwithstanding K.A.R. 1-6-2(c), each agency shall give notice to the director of each vacancy to be filled, whether by promotion, demotion, or direct entry,

including vacancies in training or governor's trainee positions.

(B) The agency shall first announce each vacancy as open only for the right of first refusal by eligible employees before the agency announces the vacancy to any other

employees or applicants.

(C) Each eligible employee who wishes to exercise the right of first refusal for a vacancy shall apply for the vacancy within the first six calendar days of the date the vacancy is opened for recruitment pursuant to K.A.R. 1-6-2 and shall notify the designated contact person in the agency of the eligible employee's intent to exercise the right of first refusal. An eligible employee shall not be permitted to exercise the right of first refusal more than six calendar days after the date the vacancy is opened.

(D) Information about the open vacancy, including a job summary, shall be provided by each agency to each

applicant exercising the right of first refusal.

(E) Upon receiving an application for a vacancy from an eligible employee, the appointing authority shall offer the position to the employee if the appointing authority determines that the eligible employee meets the required selection criteria for the class and the vacancy is on the same or a lower pay grade than the pay grade on which the eligible employee was paid on the date of the layoff.

(F) If more than one eligible employee chooses to exercise the right of first refusal for a vacancy, the appointing authority may apply additional job-related selection

criteria in accordance with K.A.R. 1-6-21(d).

(3)(A) Each eligible employee shall be considered to have exhausted the one opportunity to use the right of first refusal when the employee is offered a vacant regular

position and either accepts or rejects the position.

(B) If more than one eligible employee meets the required selection criteria for the vacancy and two or more of these employees exercise the right of first refusal, each eligible employee who is not offered the position shall retain the right of first refusal. Each eligible employee may exercise the right of first refusal an unlimited number of times during the 24 months following the date the employee was laid off, as long as the employee is not offered a regular position in a pay grade which is the same or lower than the pay grade on which the eligible employee was paid at the time of the layoff.

(c) Right to an interview. Each eligible employee shall have the right to be interviewed for any vacancy to be filled for which the employee applies and meets the required selection criteria for the class for up to 24 months

after the date of the layoff.

(1) The right to an interview shall be for any vacancy in any agency in the same or higher pay grade than the pay grade on which the eligible employee was paid on the date of the layoff. Each eligible employee shall have the right to an unlimited number of interviews during the 24-month period following the layoff or until the employee is rehired to a regular position on a pay grade on the same or a higher pay grade than the pay grade on which the employee was paid on the date of the layoff.

(2) In order to exercise the right to an interview, the eligible employee shall apply for a vacancy after the first six calendar days of the date the vacancy is opened for

recruitment pursuant to K.A.R. 1-6-2 and shall notify the designated contact person in the agency of the eligible employee's intent to exercise the right to an interview.

(3) The agency shall be required to interview up to seven eligible employees who have notified the agency of their right to an interview and who are determined by the agency to meet the required selection criteria for the class. Each agency may limit the number of interviewees who have exercised the right to an interview to seven eligible employees, interview more than seven eligible employees, or interview other candidates in addition to such employees. The agency's right to limit the number of eligible employees who are interviewed to no more than seven shall preclude the right to an interview for that vacancy of any eligible employee who applied but was not selected for an interview.

(d) Pay upon reemployment.

(1) Each eligible employee who is reemployed to a pay grade with the same or a lower pay grade than the pay grade from which the employee was laid off shall be paid in accordance with K.A.R. 1-5-10.

(2) Each eligible employee who is reemployed to a pay grade with a higher pay grade than the pay grade from which the employee was laid off shall be paid on the basis of a promotion in accordance with K.A.R. 1-5-13.

(e) Disqualification. Any eligible employee exercising the right of first refusal or the right to an interview may be disqualified from the pool of eligible candidates for any of the reasons stated in K.S.A. 75-2940 and K.A.R. 1-6-7.

(f) Optional sick leave payout. Each employee who meets the criteria under K.S.A. 1996 Supp. 75-4371 shall have the option to receive a compensation for 20% of all accrued hours of sick leave. In order to receive this option, each employee may elect to be compensated for 20% of the accrued sick leave in writing to the appointing authority by the date of the layoff. If the employee chooses the sick leave payout option, a waiver to receive any payment for the remainder of the accrued sick leave under the provisions of K.S.A. 75-5517, as amended, shall be signed by the employee. The waiver shall be in a form prescribed by the secretary. The remaining sick leave balance for each employee who elects to be compensated for 20% of accrued sick leave under this subsection shall be zero, notwithstanding the provisions of K.A.R. 1-9-5(h).

(g) Coverage under the Kansas health care benefits program. Each employee who meets the criteria of K.S.A. 1996 Supp. 75-4372 shall be eligible to continue coverage, as if they were active participants under the Kansas health care benefits program, for six months after the date of layoff or until the employee is covered by health care

insurance, whichever is less.

(1) Subject to the provisions of appropriations acts, the state shall contribute toward the cost of coverage an amount equal to the amount which the state would have paid for a full-time single member under the health care benefits program as if such employee was still covered as

an active participant.

(2) If the employee becomes covered by group or individual health care insurance, other than the state of Kansas health care benefits program, before the end of the six-month period, the employee shall be paid the balance of the employer portion of the premium for the six-month period from the closure health insurance fund.

Each employee shall give notice to the director when the employee is covered by another health care benefits program other than the state of Kansas health care benefits program. The notice shall be on a form prescribed by the director.

(3) Each employee shall also be eligible for 18 additional months of single member health care coverage after the six-month period has concluded if the employee is not yet covered by health care insurance. During the 18 additional months of health care coverage, the published rates and procedures under the provisions of public law 99-272 shall apply and shall be the responsibility of the employee.

(4) Each employee shall be eligible to obtain dependent health insurance coverage under the provisions of public

law 99-272 from the date of the layoff.

(h) Extended death benefit plan. Subject to provisions of appropriation acts, each employee who meets the criteria of K.S.A. 1996 Supp. 75-4373 shall be eligible for an extended death benefit plan providing term life insurance equal to 150% of the annual rate of pay of the employee for up to 24 months from the date of the layoff, unless reemployed by the state of Kansas or another employer participating in the Kansas public employees retirement system.

(i) Severance pay. Each employee who meets the criteria for "direct care employees" as stated in K.S.A. 1996 Supp. 75-4375 shall receive compensation from the department of social and rehabilitation services for the fol-

lowing:

(1) Forty hours of pay at such employee's regular hourly rate of pay on the date the employee is laid off, if the employee has completed one full year of length of service, but less than two full years of service on the layoff date;

(2) Eighty hours of pay at such employee's regular hourly rate of pay on the date the employee is laid off if the employee has completed two full years of length of service but less than three full years of service on the layoff date;

(3) One hundred twenty hours of pay at such employee's regular hourly rate of pay on the date the employee is laid off if the employee has completed three full years of service but less than four full years of service on the layoff date; or

(4) One hundred sixty hours of pay at such employee's regular hourly rate of pay on the date the employee is laid off if the employee has completed four full years of

service or more on the layoff date.

Length of service shall be defined in K.A.R. 1-2-46. This compensation shall not preclude such an employee from returning to state service. (Authorized by K.S.A. 75-3706, and K.S.A. 1996 Supp. 75-4370, 75-4371 and 75-4377; implementing K.S.A. 1996 Supp. 75-4370, 75-4371, 75-4372, 75-4373, 75-4374, 75-4375 and 75-4376; effective, T-1-11-21-96, Nov. 21, 1996; effective Feb. 21, 1997.)

Daniel R. Stanley Secretary of Administration

Board of Veterinary Medical Examiners

Permanent Administrative Regulations

Article 1.—DEFINITIONS

70-1-1. Continuing education. "Continuing education courses" means a program or activity designed to enhance the veterinarian's level of knowledge, skill, or abilities to practice veterinary medicine. (Authorized by and implementing K.S.A. 47-829(b); effective Jan. 1, 1974; amended Feb. 21, 1997.)

Article 2.—MEETINGS

70-2-1 through 70-2-3. (Authorized by K.S.A. 47-821(i); effective Jan. 1, 1974; revoked Feb. 21, 1997.)

Article 4.—REVOCATION AND SUSPENSION

70-4-1 through 70-4-4. (Authorized by K.S.A. 47-821(i); effective Jan. 1, 1974; revoked Feb. 21, 1997.)

70-4-5. (Authorized by K.S.A. 47-821; effective Jan. 1, 1974; revoked Feb. 21, 1997.)

70-4-6 through 70-4-7. (Authorized by K.S.A. 47-821(i); effective Jan. 1, 1974; revoked Feb. 21, 1997.)

Article 5.—FEES

70-5-1. Amount of fees. The following fees shall be charged.

(a)	Veterinary medicine license; application	\$125.00
(b)	Veterinary medicine license; annual renewal	\$ 75.00
(c)	Veterinary medicine license; late renewal penalty	\$ 50.00
(d)	National board examination; administration fee	\$ 65.00
(e)	Clinical competency test; administration fee	\$ 65.00
(f)	Veterinary premise registration; application	\$ 50.00
(g)	Veterinary premise registration; renewal	\$ 15.00
(h)	Veterinary premise registration; late renewal penalty	\$ 50.00
(i)	Veterinary premise; initial inspection	\$ 50.00
(j)	Veterinary premise; non-compliance inspections	\$100.00
(k)	Veterinary technician registration; application	\$ 20.00
(1)	Veterinary technician registration; renewal	\$ 10.00
(m)	Veterinary technician registration; late renewal penalty	\$ 50.00

(Authorized by K.S.A. 47-821, 47-822, 47-824 and 47-829; implementing K.S.A. 47-822, 47-824, 47-826, 47-827, and 47-829; effective May 1, 1985; amended, T-70-6-13-88, June 13, 1988; amended July 3, 1989; amended May 23, 1994; amended Feb. 21, 1997.)

Article 7.—STANDARDS OF VETERINARY PRACTICE

70-7-1. The practice of veterinary medicine. Each veterinarian shall meet the following minimum standards

in the practice of veterinary medicine.

(a) Storage compartments. Each veterinarian shall maintain clean, orderly, and protective storage compartments for drugs, supplies, and equipment. Refrigeration shall be available for drugs which require it.

(b) Field sterilization. Each veterinarian shall provide a means of sterilizing instruments when practicing veterinary medicine away from a veterinary premises.

(c) Posting of emergency numbers. Each veterinarian shall post emergency phone numbers for police, fire, and rescue at the main telephone in the building.

- (d) Conflict of interest. When representing conflicting interests, including representation of both the buyer and seller of an animal to be inspected for soundness, the veterinarian shall make full disclosure of the dual relationship and shall obtain express consent from all parties to the transaction.
- (e) Health certificates. A veterinarian shall not issue a certificate of health unless the veterinarian has personal knowledge, obtained through actual inspection and appropriate tests of the animal, that the animal meets the requirements of the certificate.

(f) Patient acceptance. Each veterinarian shall decide which medical cases will be accepted in the veterinarian's professional capacity and what course of treatment will be followed once a patient has been accepted. The veterinarian shall be responsible for advising the client as to

the treatment to be provided.

(g) Control of services. A veterinarian shall not allow professional services to be controlled or exploited by any lay agency, personal or corporate, which intervenes between the client and the veterinarian. A veterinarian shall not allow a non-licensed person or entity to interfere with or intervene in the veterinarian's practice of veterinary medicine. Each veterinarian shall be responsible for the veterinarian's own actions and shall be directly responsible to the client for the care and treatment of the patient.

(h) Anesthesia and anesthetic equipment. Each veterinarian shall provide anesthesia services as needed. An anesthetic agent shall be administered only by a veterinarian or a person trained in its administration under the direct supervision of a licensed veterinarian. Each veterinarian shall use disinfectants capable of eliminating harmful viruses and bacteria for cleaning anesthetic

equipment.

(i) Patient records.

(1) Length of maintenance. Each veterinarian shall maintain a legible patient record for three years.

(2) Necessary elements. Each veterinarian shall ensure that all patient records include the following necessary elements.

(A) patient identification. Patient identification shall include the patient's name, species, breed, age or date of birth, sex, color, and markings;

(B) client identification. Client identification shall include the owner's name, home address and telephone

number;

(C) a vaccination record;

(D) physical examination findings; and

- (E) a record of every visit or stay on the veterinary premise. Each veterinarian shall maintain records in a manner that will permit any authorized veterinarian to proceed with the care and treatment of the animal, if required, by reading the medical record of that particular patient. The record shall clearly explain the initial exam-
- (j) Medication records. The veterinarian shall ensure that each dose of a medication administered is properly recorded on the patient's medical record. All drugs shall be administered and dispensed only upon the order of a licensed veterinarian.
- (k) Controlled drugs. The veterinarian shall ensure that a separate written ledger is maintained when a controlled drug is dispensed.

- (l) Locked area. If controlled drugs are used, the veterinarian shall ensure that a locked area for the storage of controlled substances is provided.
- (m) Dispensation of medications for companion animals. (1) All prescription or legend drugs to be dispensed for use by a companion animal may be dispensed only on the order of a licensed veterinarian who has an existing veterinary-client-patient relationship as defined by the Kansas veterinary practice act. The veterinarian shall ensure that labels will be affixed to any unlabeled container containing any medication dispensed and to each factory labeled container that contains prescription or legend drugs or controlled substances dispensed for companion animals. The label shall be affixed to the immediate container and shall include the following information:
- (A) the name and address of the veterinarian, and the veterinarian's telephone number if the drug is a controlled substance;

(B) the date of delivery or dispensing;

(C) the name of the patient, the client's name, and the client's address if the drug is a controlled substance;

(D) the species of the animal;

(E) the name, active ingredient, strength, and quantity of the drug dispensed;

(F) directions for use specified by the practitioner including dosage, frequency, route of administration, and

duration of therapy; and

- (G) any cautionary statements required by law, including statements indicating that the drug is not for human consumption, is poisonous, or has withdrawal periods associated with the drug. If the size of the immediate container is insufficient to be labeled, the small container shall be enclosed within another container large enough to be labeled.
- (2) The term "companion animal" shall mean those animals considered to be a pet, and may include horses, birds and exotics, but shall exclude poultry and horses intended for food purposes.
- (n) Dispensation of medications for food or commercial animals. All prescription or legend drugs to be dispensed for food used by a food animal or used by a commercial animal may be dispensed only on a written order of a licensed veterinarian with an existing veterinary-client-patient relationship as defined by the Kansas veterinary practice act. That veterinarian shall maintain the original written order on file in the veterinarian's office. A copy of the written order shall be on file with the distributor and a second copy shall be maintained on the premises of the patient-client. The written order shall include the following information:
- (1) the name and address of the veterinarian and the veterinarians' telephone number if the drug is a controlled substance;

(2) the date of delivery or dispensing;

(3) the name of the patient, the client's name, and the client's address if the drug is a controlled substance;

(4) the species and or breed of the animal;

(5) the established name or active ingredient of the drug, or if formulated from more than one ingredient, the established name of each ingredient, as well as the strength and quantity of the drug or drugs dispensed;

(6) directions for use specified by the practitioner, in-

cluding the following:

- (A) the class or species of the animal or animals receiving the drug or some other identification of the animals; and
- (B) the dosage, the frequency and route of administration, and duration of therapy; and
- (C) any cautionary statements required by law, including statements indicating whether the drug is not for human consumption, is poisonous or whether there are withdrawal periods associated with the drug.

(o) Employee supervision. (1) Each veterinarian shall provide direct supervision of any employed assistant who participates in the practice of veterinary medicine, except that a veterinarian may provide indirect supervision of any employee who:

(A) is following the written instructions for treatment of the animal patient on the veterinary premises; or

(B) has completed three or more years of study in a

school of veterinary medicine.

- (2) A veterinarian may delegate only those activities within the practice of veterinary medicine to an employee which are consistent with that person's training, experience and professional competence. A veterinarian shall not delegate any of the following:
 - (A) the activities of diagnosis;

(B) performance of any surgical procedure; or

(C) prescription of any drug, medicine, biologic, apparatus, application, anesthesia or other therapeutic or diagnostic substance or technique. (Authorized by and implementing K.S.A. 47-821(a)(16); effective Feb. 21, 1997.)

Article 8.—UNPROFESSIONAL CONDUCT

- **70-8-1.** Acts of unprofessional conduct. The following acts by a Kansas licensed veterinarian shall be considered unprofessional conduct and shall constitute grounds for disciplinary action against the licensee:
- (a) failing to meet the minimum standards for either veterinary premises or veterinary practice;
- (b) engaging in conduct likely to deceive, defraud or harm the public or demonstrating a willful or careless disregard for the health, welfare or safety of a patient;

(c) claiming to have performed or charging for an act or treatment that was, in fact, not performed or given;

- (d) stating or implying that the veterinarian is a certified or recognized specialist unless the veterinarian is certified in the specialty by the board, as recognized by the American veterinary medical association;
- (e) stating or implying any claims of professional superiority in the practice of veterinary medicine that cannot be substantiated by education, training or experience, or using any certificate, diploma or degree to which a person is not entitled;

(f) practicing veterinary medicine under a false or assumed name or impersonating another practitioner of a like, similar or different name;

(g) practicing under an expired, revoked or suspended Kansas veterinary license;

(h) failing to provide a written response, within 30 days, to a written request made by the board pursuant to an investigation by or on behalf of the board;

(i) promoting, aiding, abetting or permitting the practice of veterinary medicine by an unlicensed person except as provided by this act;

- (j) allowing an unlicensed person to issue presigned animal health certificates with the veterinarian's signature affixed to the certificate, or to inoculate or treat animals unless the inoculation or treatment is done under the direct supervision of the licensed veterinarian;
- (k) failing to establish a valid veterinarian, client, and patient relationship;
- (l) prescribing, providing, obtaining, ordering, administering, dispensing, giving or delivering controlled drugs to or for an animal solely for training, show or racing purposes and not for a medically sound reason;

(m) performing surgery to conceal genetic or congenital defects, in any species, with the knowledge the surgery has been requested to deceive a third party;

- (n) refusing the board or its agent the right to inspect a veterinary facility at reasonable hours, pursuant to an investigation by or on behalf of the board;
- (o) representing conflicting interests unless the veterinarian's dual relationship is fully disclosed and all parties to the transaction consent;
- (p) failing to report to the proper authorities cruel or inhumane treatment to animals, if the veterinarian has direct knowledge of the cruel or inhumane treatment;
- (q) fraudulently issuing or using any of the following documents:
 - (1) a certificate of veterinary inspection;
 - (2) a test chart;
 - (3) a vaccination report; or
- (4) any other official form used in the practice of veterinary medicine to prevent the following:
 - (A) the dissemination of animal disease;
 - (B) the transportation of diseased animals; or
- (C) the sale of edible products of animal origin for human consumption;
- (r) issuing a certificate of veterinary inspection for an animal unless the veterinarian performs the inspection and the appropriate tests as required to the best of the veterinarian's knowledge;
- (s) having a United States department of agriculture accreditation removed for cause by federal authority;
- (t) using a corporate or assumed name for a veterinary practice which would be false, deceptive or misleading to the public;
- (u) extending the practice of veterinary medicine to the care of humans, except that any veterinarian may render first aid or emergency care, without expectation of compensation, in an emergency or disaster situation;
- (v) guaranteeing a cure or specific results or creating an unjustified or inflated expectation of a cure or specific result:
- (w) obtaining any of the following information through theft, unauthorized copying, duplicating or other means:
 - (1) client lists;
 - (2) mailing lists;
 - (3) medical records;
 - (4) computer records; or
- (5) other records that are the property of another veterinarian, veterinary partnership or professional veterinary corporation;
- (x) failing to report to the board within 90 days any disciplinary action taken against the veterinary license is-

sued to the veterinarian by any other licensing jurisdiction, professional veterinary association, veterinary specialty board, or government or regulatory agency;

(y) failing to refer a client when additional expertise is advisable, a second opinion is desirable or upon the

client's request;

(z) making a false, deceptive or misleading claim or statement;

(aa) failing to provide the public with necessary label warnings on dispensed veterinary products;

(bb) failing to provide a client with a verbal or written estimated fee range for veterinary services offered when requested by the client;

(cc) acting in a manner that is likely to injure the professional reputation, standing, prospect of practice or employment of another member of the profession and which could be deemed malicious, false, or misleading;

(dd) failing to obtain consent of the client prior to placing an animal under anesthesia, performing any surgical procedure, or transporting the animal to another facility except in emergency situations;

(ee) violating the confidential relationship between the

licensed veterinarian and the client;

(ff) delegating activities within the practice of veterinary medicine in violation of K.A.R. 70-7-1(0); and

(gg) using prescription drugs in any of the following

- (1) prescribing or dispensing, delivering, or ordering any prescription drug without first having established a veterinarian/client/patient relationship and determining that such prescription drug is therapeutically indicated for the health or well being of the animal or animals; or
- (2) prescribing, providing, ordering, administering, possessing, dispensing, giving or delivering prescription drugs to or for any person under the following circumstances:
- (A) when the drugs are not necessary or required for the medical care of animals; or
- (B) when the use or possession of the drugs would promote addiction thereto.

For purposes of this subsection, the term "Prescription drugs" includes all controlled substances in Schedules I through V, and all legend drugs which bear the federal legends, as such drugs are recognized by any law of the state of Kansas or of the United States. (Authorized by and implementing K.S.A. 47-830(o); effective Feb. 21, 1997.)

Article 10.—FINES

- **70-10-1.** Fines. (a) Each citation issued pursuant to K.S.A. 47-843(b) which includes an assessment of a civil penalty shall be classified according to the nature of the violation as set out below. The citation shall indicate the classification on its face.
- (1) A Class "A" violation shall be a violation which the executive officer of the board has determined meets the following criteria:
- (A) the violation meets the criteria for a class "B" violation; and
- (B) the violation was committed by a person who has been issued two or more prior citations for a class "B" (continued)

(continue

violation within a 24-month period immediately preceding the act serving as the basis for the citation, without regard to whether the actions to enforce the previous citations have become final.

However, the increase in the civil penalty required by this paragraph shall not be due and payable unless and until the previous actions have been terminated in favor of the board. A class "A" violation shall be subject to a civil penalty in an amount not less than \$1,001.00 and not exceeding \$2,000.00 for each citation.

(2) A Class "B" violation shall be a violation which the executive officer has determined meets the following cri-

teria:

(A) the violation involves a person who, while engaged in the practice of veterinary medicine, has violated a statute or regulation relating to the practice of veterinary medicine; and

(B)(i) the violation caused bodily injury to an animal

which is not significant and substantial in nature;

(ii) the violation presents a substantial probability that

death or serious harm would result; or

(iii) the violation meets the criteria for a class "C" violation and was committed by a person who has two or more prior citations for a class "C" violation within the 24-month period immediately preceding the act serving as the basis for the citation, without regard to whether the actions to enforce the previous citations have become final.

However, the increase in the civil penalty required by this paragraph shall not be due and payable unless and until the previous actions have been terminated in favor of the board. A class "B" violation shall be subject to a civil penalty in an amount not less than \$501.00 and not exceeding \$1,000.00 for each citation.

(3) A Class "C" violation shall be a violation which the executive officer has determined involves the following:

(A) a violation committed by a person while engaged

in the practice of veterinary medicine; and

(B) a violation that has not caused either death or bodily injury to a patient and which does not present a substantial probability that death or serious harm to an animal patient would result therefrom.

A class "C" violation shall be subject to a civil penalty in an amount not less than \$50.00 and not exceeding

\$500.00 for each citation.

(b) In assessing a civil penalty, the following criteria shall be considered by the executive director:

(1) the good or bad faith exhibited by the cited person;

(2) the nature and severity of the violation;(3) evidence that the violation was willful;

- (4) any history of violations of the same or a similar nature;
- (5) the extent to which the cited person has cooperated with the board's investigations;
- (6) the extent to which the cited person has mitigated or attempted to mitigate any damage or injury caused by the violation; and
- (7) such other matters as justice may require. (Authorized by and implementing K.S.A. 47-843(a); effective Feb. 21, 1997.)

Dirk Hanson, D.V.M. Executive Director State of Kansas

Department of Health and Environment

Permanent Administrative Regulations

Article 19.—AMBIENT AIR QUALITY AND AIR POLLUTION CONTROL

28-19-202. Annual emissions fee. (a) The owner or operator of each stationary source of air emissions that has actual emissions of the type and quantity specified in subsection (b) of this regulation shall pay an annual emissions fee to the department. Actual emissions shall be calculated for a calendar year according to K.A.R. 28-19-210.

(b) The types of air emissions and the quantity of actual emissions for which annual emissions fees shall be

assessed are:

(1) air emissions of 100 tons per year or more of any of the following:

(A) sulfur oxides measured as sulfur dioxide;

(B) particulate matter calculated as PM10, except if no emission factor or approvable method for calculating PM10 is available, annual emissions fees shall be assessed for total particulate emissions;

(C) nitrogen oxides expressed as nitrogen dioxide; and

(D) total volatile organic compounds;

- (2) air emissions of hazardous air pollutants, from source categories other than source categories specifically excluded from the USEPA notice entitled "Initial list of categories of sources under section 112(c)(1) of the clean air act amendments of 1990," 57 FR 31576, July 16, 1992:
- (A) of 10 tons per year or more of any single hazardous air pollutant; or

(B) of 25 tons per year or more of any combination of hazardous air pollutants, whichever is greater.

For purposes of this subsection, actual emissions shall include fugitive emissions from federally designated fugitive emission sources and fugitive hazardous air pollutant emissions.

- (c) The annual emissions fee shall equal the sum of the actual emissions of the pollutant or pollutants specified in subsection (b) of this regulation, rounded to the nearest ton, multiplied by \$18.00 per ton of emissions, subject to the following:
- (1) the owner or operator shall not be required to include any pollutant emitted from the stationary source more than one time in the fee calculation;
- (2) the owner or operator shall not be required to include in the emission fee calculation:
- (A) emissions of any one pollutant of 500 pounds per year or less from any emissions source, unless the total emissions from similar sources at the stationary source equal or exceed 2000 pounds per year;

(B) emissions in excess of 4000 tons per year of any

single pollutant from any stationary source;

(C) for a portable emissions unit or stationary source which operates both in Kansas and out-of-state, emissions from the unit or source while operating out-of-state; and

(D) emissions during the years 1995 through 1999 inclusive, from any unit which, as of January 1, 1996, is

designated as an affected unit under section 404, phase I sulfur dioxide requirements, of the federal clean air act;

- (3) for emissions occurring during the years 1996 through 2000, inclusive, the annual emission fee shall be calculated by multiplying the actual emissions of the pollutant or pollutants specified in subsection (b) of this regulation, rounded to the nearest ton, times \$15.00 per ton of emissions.
- (d) The owner or operator shall complete the calculations of actual emissions and calculation of the annual emissions fee on forms provided by or approved by the department.

(1) A responsible official or the person most directly responsible for the compilation of the submitted infor-

mation shall sign the completed forms.

(2) The owner or operator shall submit the annual emissions fee payment to the department by June 1 of the year following the calendar year for which the actual emissions were determined. Timeliness of submissions shall be determined by the postmark if submitted by mail.

(3) The owner or operator shall make annual emissions fee payments by check, draft, or money order payable to the Kansas department of health and environment.

- (4) Payment of emission fees to the department shall be the responsibility of the person or persons who are the owners or operators of the emissions unit or stationary source on the date the emissions fee is due. For purposes of calculating actual emissions for a period in which someone other than the current owner or operator was the owner or operator of the stationary source, the owner or operator responsible for paying the fee may assume that operations of the facility were identical to the operation of the facility by the current owner or operator if the current owner or operator has been unable, after reasonable and diligent inquiry, to obtain the actual operating information from the previous owner or operator.
- (e) Any owner or operator who fails to timely pay the

annual emissions fee:

(1) shall pay an additional fee of \$100.00 or 1% of the

annual emissions fee, whichever is greater; and

(2) beginning seven days after the department notifies the permittee in writing that the department has not received the annual emissions fee, shall pay an additional \$10 per day or .05% of the annual emissions fee per day, whichever is greater.

(f) The amount of any overpayment, as determined by the department, made by the owner or operator of a stationary source shall be credited to the annual emissions fee for subsequent years for that stationary source. (Authorized by K.S.A. 1995 Supp. 65-3005; implementing K.S.A. 1995 Supp. 65-3024, as amended by L. 1996, ch. 253, sec. 13; effective Nov. 22, 1993; amended Jan. 23, 1995; amended March 15, 1996; amended Feb. 21, 1997.)

Article 39.—LICENSURE OF ADULT CARE HOMES

28-39-144. Definitions. The following definitions shall apply to all adult care homes except nursing facilities for mental health and intermediate care facilities for the mentally retarded:

(a) "Activities director" means an individual who meets one of the following requirements:

- (1) Has completed the requirements for certification as a therapeutic recreation specialist by the national council for therapeutic recreation certification, as in effect on May 1, 1991:
- (2) has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting;

(3) is registered in Kansas as an occupational therapist

or occupational therapy assistant;

- (4) has a bachelor's degree in a therapeutic activity field in art therapy, horticultural therapy, music therapy, special education or a related therapeutic activity field; or
- (5) is a nurse aide who has completed a course approved by the Kansas department of health and environment in resident activities coordination and who receives consultation from a therapeutic recreation specialist, an occupational therapist, occupational therapy assistant, or an individual with a bachelor's degree in art therapy, music therapy, or horticultural therapy.
- (b) "Administrator" means any individual who is charged with the general administration of a nursing facility, nursing facility for mental health, assisted living facility or residential health care facility whether or not the individual has an ownership interest in the adult care home. Each administrator of an adult care home shall be licensed in accordance with K.S.A. 1995 Supp. 65-3501, et seq., and amendments thereto.

(c) "Adult day care" means an adult care home which meets the definition in K.S.A. 1995 Supp. 39-923 (a) (9).

(d) "Adult care home" means any:

(1) nursing facility;

(2) nursing facility for mental health;

(3) intermediate care facility for the mentally retarded;

(4) assisted living facility;

(5) residential health care facility;

(6) home plus facility;

7) adult day care facility; or

- (8) boarding care home licensed by the secretary of health and environment.
- (e) "Advanced registered nurse practitioner" means an individual who is certified by the Kansas board of nursing as an advanced registered nurse practitioner.

(f) "Alteration" means any addition, modification or modernization in the structure or usage of a facility.

(g) "Ambulatory resident" means any resident who is physically and mentally capable of:

(1) getting in and out of bed;

(2) walking in a normal path to safety in a reasonable period of time; and

(3) ascending and descending stairs without the assis-

tance of another person.

(h) "Assisted living facility" means an adult care home which meets the definition found in K.S.A. 1995 Supp. 39-923 (a) (5).

(i) "Audiologist" means an individual who is licensed by the Kansas department of health and environment as an audiologist.

(j) "Basement" means the part of a building which is below grade.

(k) "Boarding care home" means an adult care home which meets the definition found in K.S.A. 1995 Supp. 39-923 (a) (8).

(1) "Change of ownership" means any transaction that results in a change of control over the capital assets of an adult care home.

(m) "Clinical record" means a record which includes all the information and entries which reflect the resident's

course of stay in an adult care home.

(n) "Controlled substance" means any drug, substance, or immediate precursor included in any of the schedules designated in K.S.A. 1995 Supp. 65-4105, K.S.A. 1995 Supp. 65-4107, K.S.A. 65-4109, K.S.A. 1995 Supp. 65-4111, as amended by L. 1996, ch. 257, sec. 2, and K.S.A. 1995 Supp. 65-4113 and amendments thereto.

(0) "Day shift" means any eight-hour work period which occurs between the hours of 6 a.m. and 9 p.m.

- (p) "Department" means the Kansas department of health and environment.
- (q) "Dietetic services supervisor" means an individual who meets one of the following requirements:

(1) Is licensed in the state of Kansas as a dietitian;

- (2) has an associate's degree in dietetic technology from a program approved by the American dietetic association;
- (3) has a certificate from a dietary managers' training program approved by the dietary managers association; or
- (4) has training and experience in dietetic services supervision and management that is determined by the secretary of health and environment to be equivalent in content to the program in paragraphs (2) and (3) of this subsection.
- (r) "Dietitian" means an individual who is licensed by the Kansas department of health and environment as a dietitian.
- (s) "Direct care staff" means individuals employed by an adult care home who assist residents in activities of daily living. These activities may include the following:
 - (1) Grooming;
 - (2) eating;
 - (3) toileting;
 - (4) transferring; and
 - (5) ambulation.
 - (t) "Director of nursing" means an individual who:
 - (1) Is licensed in Kansas as a registered nurse;
 - (2) is employed full-time in a nursing facility; and
- (3) has the responsibility, administrative authority, and accountability for the supervision of nursing care provided to residents in a nursing facility.
- (u) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given by injection, inhalation, ingestion, or by any other means to a resident by an authorized person in accordance with all laws and regulations governing the administration of drugs and biologicals. Drug administration shall entail the following:
- (1) Removing an individual dose from a labeled container, including a unit dose container;
- (2) verifying the drug and dose with the physician's orders:
 - (3) administering the dose to the proper resident; and

- (4) documenting the dose in the resident's clinical record.
- (v) "Drug dispensing" means the delivery of one of more doses of a drug by a licensed pharmacist or physician. The drug shall be dispensed in a container and labeled in compliance with state and federal laws and regulations.

(w) "Full-time" means 35 or more hours per week.

- (x) "Health information management practitioner" means an individual who has completed the requirements of education and experience for a certificate as a registered record administrator or an accredited record technician as promulgated by the American health information management association, as in effect on October 1, 1990.
- (y) "Home plus" means an adult care home which meets the definition of K.S.A. 1995 Supp. 39-923 (a) (7).
 - (z) "Interdisciplinary team" means the following:
- (1) A registered nurse with responsibility for the care of the residents; and
- (2) other appropriate staff, as identified by resident comprehensive assessments, who are responsible for the development of care plans for residents.
- (aa) "Legal representative" means an individual person who has been appointed by a court of law as a guardian or has been selected by a resident in a durable power of attorney for health care decisions.

(bb) "Licensed mental health technician" means an individual licensed by the Kansas board of nursing as a

licensed mental health technician.

(cc) "Licensed nurse" means an individual licensed by the Kansas board of nursing as a registered professional nurse or licensed practical nurse.

(dd) "Licensed practical nurse" means an individual who is licensed by the Kansas board of nursing as a li-

censed practical nurse.

(ee) "Licensed social worker" means an individual who is licensed by the Kansas board of behavioral sciences as a social worker.

- (ff) "Licensee" means an individual, firm, partnership, association, company, corporation, of joint stock association authorized by a license obtained from the secretary of health and environment to operate an adult care home.
- (gg) "Medication" means any drug or biological defined by K.S.A. 65-1626, as amended by L. 1996, ch. 229 and amendments thereto.
- (hh) "Medication aide" means an individual who has completed a training program in medication administration as prescribed in K.A.R. 28-39-169 through K.A.R. 28-39-171.
- (ii) "Non-ambulatory resident" means any resident who is not physically or mentally capable of getting in and out of bed and walking a normal path to safety without the assistance of another person.

(jj) "Nurse aide" means an individual who has a nurse aide certificate issued by the Kansas department of health

and environment pursuant to K.A.Ro 28-39-165.

(kk) "Nurse aide trainee" means an individual who is in the process of completing a nurse aide training program as prescribed in K.A.R. 28-39-165 or K.A.R. 28-39-167 and has not been issued a nurse aide certificate by the Kansas department of health and environment.

- (ll) "Nursing facility" means an adult care home which meets the definition found in K.S.A. 1995 Supp. 39-923(a)(2).
- (mm) "Nursing facility for mental health" means an adult care home which meets the definition of K.S.A. 1995 Supp. 39-923 (a) (3).

(nn) "Nursing personnel" means all:

(1) registered professional nurses;

(2) licensed practical nurses;

- (3) licensed mental health technicians in nursing facilities for mental health;
 - (4) medication aides;
 - (5) nurse aides; and
 - (6) nurse aide trainees.
- (00) "Nursing unit" means a distinct area of a nursing facility which serves not more than 60 residents and which includes the service areas and rooms described in K.A.R. 28-39-162.
- (pp) "Occupational therapist" means an individual who is registered with the Kansas board of healing arts as an occupational therapist.
- (qq) "Occupational therapy assistant" means an individual who is registered with the Kansas board of healing arts as an occupational therapy assistant.
- (rr) "Physical restraint" means any method or any physical device, material, or equipment attached or adjacent to the resident's body that:
 - (1) the resident cannot remove easily; and
- (2) restricts freedom of movement or normal access to the resident's body.
- (ss) "Physical therapist" means an individual who is registered with the Kansas board of healing arts as a physical therapist.
- (tt) "Physical therapy assistant" means an individual who is certified by the Kansas board of healing arts as a physical therapy assistant.
- (uu) "Physician" means an individual who is licensed by the Kansas board of healing arts as a medical doctor or a doctor of osteopathy.
- (vv) "Psychopharmacologic drug" means any drug prescribed with the intent of controlling mood, mental status, or behavior.
- (ww) "Registered professional nurse" means an individual who is licensed by the Kansas state board of nursing as a registered professional nurse.
- (xx) "Respite care" means the provision of services to a resident on an intermittent basis for periods of less than 30 days at any one time.
- (yy) "Sanitization" means effective bactericidal treatment by a process that reduces the bacterial count, including pathogens, to a safe level on utensils and equipment.
- (zz) "Self-administration of drugs" means the determination by the resident of when to take a drug and the application or ingestion of the drug by the resident without assistance from nursing staff.
- (aaa) "Significant change in condition" means a decline or improvement in a resident's mental, psychosocial, or physical functioning which would result in the need for amendment of the resident's comprehensive plan of care or negotiated service agreement.

- (bbb) "Social services designee" means an individual who meets one of the following qualifications:
- (1) Is a licensed social worker as defined in K.A.R. 28-39-144(aa);
- (2) has a bachelor's degree in a human service field including, but not limited to, sociology, special education, rehabilitation counseling, or psychology and receives supervision from a licensed social worker; or
- (3) is a nurse aide working in a facility of 120 beds or fewer who has completed a course approved by the Kansas department of health and environment and receives supervision from a licensed social worker on a regular basis.
- (ccc) "Speech pathologist" means an individual who is licensed by the Kansas department of Health and Environment as a speech-language pathologist.
- (ddd) "Therapeutic recreation specialist" means an individual who has completed the requirements for education and experience for a certificate of clinical competence in therapeutic recreation as promulgated by the national council for therapeutic recreation certification, as in effect on May 1, 1991. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

28-39-145. Licensure of adult care homes. (a) Initial license: site approval.

- (1) Before design development or preliminary drawings for the facility are submitted, the department shall approve the site for any proposed:
 - (A) new nursing facility;
 - (B) intermediate care facility for the mentally retarded;
- (C) assisted living facility, residential health care facility; or
 - (D) nursing facility for mental health.
- (2) New intermediate care facilities for the mentally retarded shall not have more than one residential building, as defined in K.A.R. 28-39-225, located on one site or on contiguous sites. Residential buildings shall be dispersed geographically so as to achieve integration and harmony with the community or neighborhoods in which they are located.
- (3) A written request for site evaluation shall be made to the department and shall include the following information:
- (A) the street name and number or legal description of the proposed site;
- (B) the name and telephone number of the individual in the locale to be contacted by evaluation personnel;
 - (C) the dimensions and boundaries of the site; and
- (D) the name of the public utility or municipality that provides services to the site, including water, sewer, electricity, and natural gas.
- (b) Initial license, new construction, conversion of an existing building, or alteration of structure.
- (1) Each facility shall submit a completed application form as prescribed by the department when:
 - (A) an adult care home is to be newly constructed;
- (B) an existing building is to be converted for use as an adult care home; or
- (C) a structure is to be modified or expanded.

(2) Each nursing facility, nursing facility for mental health, intermediate care facility for the mentally retarded, assisted living facility, and residential health care facility shall comply with the following provisions.

(A) With the initial application, the owner shall submit one copy of preliminary construction plans and outline specifications in compliance with the following regula-

tions:

- (i) Nursing facilities, K.A.R. 28-39-162 to K.A.R. 28-39-162c;
- (ii) assisted living facility and residential health care facility, K.A.R. 28-39-240 to K.A.R. 28-39-256, inclusive; and

(iii) intermediate care facilities for the mentally retarded with 16 beds or fewer, K.A.R. 28-39-225.

(B) Before commencing construction, except for residential buildings which house six or fewer residents, the owner shall submit one copy of the final plans and specifications which are sealed, signed, and certified by a registered architect to be in compliance with the following regulations:

(i) Nursing facilities, K.A.R. 28-39-162 to K.A.R. 28-39-162c;

(ii) assisted living facilities and residential health care facilities, K.A.R. 28-39-240 to K.A.R. 28-39-256 inclusive; and

(iii) intermediate care facilities for the mentally retarded with 16 beds or fewer, K.A.R. 28-39-225.

(C) All construction, including new work, addition, alteration, or remodeling which involves structural elements, shall be performed in accordance with construction documents. An architect currently licensed to practice in Kansas shall provide immediate supervision of all work. The responsible architect shall place an architect's official seal or stamp on:

(i) each project document;

(ii) any design development drawing;

(iii) any working drawing; (iv) any specification; and

(v) the certificate of completion in accordance with the construction documents.

(D) If the construction of the adult care home did not commence within one year of the date when the final plans and specifications were submitted to the department, the adult care home shall resubmit the plans and specifications.

(E) The owner shall submit to the department any changes in the information in the initial application,

plans, or specifications.

- (F) When the architect determines that construction is 50 percent completed, the owner shall notify the department.
- (G) The owner shall notify the department of the estimated completion date of the facility at least 30 days before the completion date.

(3) The department shall issue a license when:

(A) construction is completed;

(B) the facility is found to meet all applicable requirements of law; and

(C) the applicant is found to qualify for a license under the provisions of K.A.R. 39-928 and has submitted a completed application form. (c) Application information. In addition to the information requested under subsection (b), each application submitted for initial license shall include the following:

(1) A completed application form prescribed by the de-

partment;

(2) legal documents transferring ownership or control, including:

(A) sales contracts;

(B) leases:

(C) management agreements; and

(D) any required approvals of other licensees or mort-

gagors

(3) curriculum vitae or resumes of all professional staff to be involved in operating or supervising the operation of the applicant's facility or facilities. Professional staff means anyone who will supervise operations of the facility or facilities and anyone who will conduct the business affairs of the applicant's facility or facilities;

(4) a current balance sheet and statement of the net worth prepared according to generally accepted accounting principles and certified by the applicant to be accu-

rate; and

(5) evidence of a minimum of one month's operating

expenses in cash and owner's equity.

(d) Annual report. The licensee shall file an annual report with the department on forms and at times pre-

scribed by the department.

- (e) Change of ownership. Each licensee shall notify the department of any anticipated change in ownership information from that which is on the current license application form. The licensee shall submit this notice in writing 60 days before the proposed effective date of the change. A change of ownership shall not take effect before the issuance of the initial license.
- (f) Change of administrator, director of nursing, or operator. Each licensee of an adult care home shall notify the department immediately when there is a change in administrator, director of nursing, or operator. When a new administrator, director of nursing, or operator is employed, the licensee shall notify the department of the name, address, and Kansas license number of the new administrator or director of nursing. In the case of a new operator, the licensee shall provide evidence that the individual has completed the operator course specified by the secretary.

(g) Change of resident capacity. Any proposed change in resident capacity of any adult care home, whether an increase or a decrease, shall be approved by the department before the change is made. No licensee shall propose a change in resident capacity more than one time within any 180-day period.

(h) Change in use of a required room or area. Any proposed change in the use of a required room or area in an adult care home shall be approved by the department

before the change is made.

(i) Fees. Each initial application for a license and each annual report filed with the department shall be accompanied by a fee of \$50.00 plus \$15.00 for each resident. No refund of the fee shall be made if a license application is denied. (Authorized by K.S.A. 39-932; implementing K.S.A. 39-927, K.S.A. 39-930 and K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997a)

- 28-39-146. Receivership of adult care homes. (a) The department may designate as a receiver a person who:
- (1) has operated a Kansas licensed adult care home for at least five consecutive years;

(2) has a history of compliance with licensure standards;

(3) is financially solvent; and

(4) is of good moral character.

- (b) Applications to be a designated receiver shall be accepted by the department from time to time on prescribed forms.
- (c) A person designated a receiver shall not use the designation for any commercial purpose. (Authorized by and implementing K.S.A. 39-954; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-147. Rights of residents in adult care homes licensed as nursing facilities, assisted living facilities, residential health care facilities, home plus, boarding care homes and adult day care facilities. Each resident shall have a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the adult care home. Each adult care home shall protect and promote the rights of each resident as set forth in this regulation.

(a) Exercise of rights.

- (1) The adult care home shall afford each resident the right to exercise his or her rights as a resident of the adult care home and as a citizen.
- (2) The adult care home shall afford each resident the right to be free from interference, coercion, discrimination, or reprisal from the adult care home in exercising the resident's rights.
- (3) If a resident is adjudged incompetent under the laws of the state of Kansas, the legal representative of the resident shall have the power to exercise rights on behalf of the resident.
- (4) In the case of a resident who has executed a durable power of attorney for health care decisions, the agent may exercise the rights of the resident to the extent provided by K.S.A. 58-625 through 632.

(b) Notice of rights and services.

(1) Before admission, the adult care home shall inform each resident or resident's legal representative, both orally and in writing, in a language the resident understands, of the following:

(A) The rights of residents;

(B) the rules governing resident conduct and responsibility; and

(C) the rates and services.

- (2) Each resident shall be notified in writing of any changes in charges or services which occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given.
- (c) Inspection of records. The adult care home shall afford each resident or resident's legal representative the right to inspect records pertaining to the resident. The adult care home shall provide photocopies of the resident's record to each resident or resident's legal representative who submits a written request. The adult care

home shall provide the photocopies within two working days of the request. The adult care home may charge a fee for the copies which shall not exceed community standards.

(d) The adult care home shall afford the resident the right to be fully informed of the resident's total health status including the resident's medical condition.

(e) Free choice. The adult care home shall afford each

resident the right to:

(1) Choose a personal attending physician;

(2) participate in the development of an individual care plan or negotiated service agreement;

(3) refuse treatment;

(4) refuse to participate in experimental research; and

- (5) choose the pharmacy where prescribed medications are purchased. When the adult care home uses a unit dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.
- (f) Management of financial affairs. The adult care home shall afford each resident the right to manage personal financial affairs and the adult care home shall not require any resident to deposit personal funds with the adult care home.

(g) Notification of changes.

(1) An adult care home shall immediately inform the resident, consult with the resident's physician, and, if known, notify the resident's legal representative or designated family member when there is:

(A) An accident involving the resident which results in injury and has the potential for requiring a physician's

intervention;

(B) a significant change in the resident's physical, mental, or psychosocial status;

(C) a need to alter treatment significantly; or

(D) a decision to transfer or discharge the resident from the adult care home.

(2) The adult care home shall promptly notify the resident, the resident's legal representative, or designated family member when there is a change in room or roommate assignment.

(h) Privacy and confidentiality. Each resident shall have the right to personal privacy and confidentiality of

personal and clinical records.

(1) The adult care home shall provide privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.

(2) The adult care home shall ensure that personal and clinical records of the resident are maintained in a con-

fidential manner.

(3) The adult care home shall obtain a release signed by the resident or the resident's legal representative before the release of records to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law.

(i) Grievances. The adult care home shall afford each

resident the right to:

(1) Voice grievances with respect to treatment or care that was or was not furnished;

(2) be free from discrimination or reprisal for voicing the grievances; and

(3) receive prompt efforts by the adult care home to resolve grievances the resident may have, including any grievance with respect to the behavior of other residents. (i) Work.

(1) The adult care home shall afford each resident the right to refuse to perform services for the adult care home.

(2) A resident may perform services for the adult care

home, if the resident wishes, when:

(A) the adult care home has documented the need or desire for work in the plan of care or negotiated service

(B) the plan or agreement specifies the nature of the services performed and whether the services are volun-

tary or paid; and

(C) the resident or legal representative of the resident has signed a written agreement assenting to the work arrangement described in the plan of care or negotiated service agreement.

(k) Mail. The adult care home shall afford the resident the right to privacy in written communications, including

the right to:

(1) Send and receive unopened mail promptly;

2) have access to stationery, postage and writing implements at the resident's own expense; and

(3) have outgoing mail mailed promptly:

(l) Access and visitation rights.

- (1) The adult care home shall provide immediate access to any resident by:
- (A) Any representative of the secretary of the Kansas department of health and environment;

(B) the resident's individual physician; (C) the state long-term care ombudsman;

- (D) any representative of the secretary of the Kansas department of social and rehabilitation services;
- (E) immediate family or other relatives of the resident; and
- (F) others who are visiting with the consent of the resident subject to reasonable restrictions.
- (2) The adult care home shall afford each resident the right to deny or withdraw consent for visitation by any person at anytime.

(m) Telephone. The adult care home shall afford each resident the right to reasonable access to a telephone in a place where calls can be made without being overheard.

(n) Personal property. The adult care home shall afford each resident the right to retain and use personal possessions, including furnishings and appropriate clothing as space permits, unless doing so would infringe upon the rights or health and safety of other residents.

(o) Married couples. The adult care home shall afford each resident the right to share a room with the resident's spouse when married residents live in the same adult care

home and both spouses consent.

(p) Self-administration of drugs. The adult care home shall afford each resident the right to self-administer drugs in a nursing facility unless the resident's attending physician and the interdisciplinary team has determined that this practice is unsafe. In assisted living, residential health care, home plus and adult day care facilities, a resident may self-administer drugs unless a registered professional nurse or a physician has determined that this practice is unsafe. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21,

28-39-148. Admission, transfer and discharge rights of residents in adult care homes. (a) The adult care home shall permit each resident to remain in the adult care home, and shall not transfer or discharge the resident from the adult care home unless:

(1) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in

the current adult care home;

(2) the safety of other individuals in the adult care home is endangered;

(3) the health of other individuals in the adult care

home is endangered;

(4) the resident has failed, after reasonable and appropriate notice, to pay the rates and charges imposed by the adult care home; or

(5) the adult care home ceases to operate.

(b) Before the adult care home transfers or discharges a resident involuntarily, the adult care home shall:

(1) Notify the resident and if known, a family member or legal representative of the resident, of the transfer or discharge and the reasons;

(2) document in the resident's clinical record the reason for the transfer or discharge under any of the circumstances specified in subsection (a) (1) through (4) of this regulation. The documentation shall be made by:

(A) The resident's physician when transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the adult care home;

(B) the resident's physician when transfer or discharge is appropriate because the resident's health has improved sufficiently so that resident no longer needs the services provided by the adult care home; or

(C) any physician when transfer or discharge is necessary because the health or safety of other individuals in

the adult care home is endangered.

(c) A notice of transfer or discharge shall be provided in writing to the resident or legal representative 30 days before the resident is transferred or discharged involuntarily except in an emergency when;

(1) the safety of other individuals in the adult care

home would be endangered; or

(2) the resident's urgent medical needs require an immediate transfer to another health care facility.

(d) The written transfer or discharge notice shall include the following:

(1) The reason for the transfer or discharge;

(2) the effective date of the transfer or discharge;

(3) the address and telephone number of the complaint program of the Kansas department of health and environment where a complaint related to involuntary transfer or discharge may be registered;

(4) the address and telephone number of the long-term care ombudsman for the Kansas department on aging;

(5) for residents who have developmental disabilities or who are mentally ill, the address and telephone number of the Kansas advocacy and protection services, inc.

(e) Each adult care home shall provide sufficient preparation and orientation to a resident to ensure safe and orderly transfer and discharge from the adult care home.

(f) The adult care home shall develop a discharge plan with the involvement of the resident, family or legal rep-

resentative when practicable.

(g) If the resident is transferred or discharged to another health care facility, sufficient information shall accompany the resident to assure continuity of care in the new facility.

(h) Before a nursing facility, assisted living, residential health care, or home plus facility transfers a resident to a hospital or a resident goes on therapeutic leave, the facility shall provide written information to the resident and if known, a family member or legal representative that specifies the following:

(1) The period of time during which the resident is permitted to return and resume residence in the facility;

(2) the cost to the resident, if any, to hold the resident's bedroom, apartment, individual living unit or slot in adult day care until the resident's return; and

(3) that when the resident's hospitalization or therapeutic leave exceeds the period identified in the policy of a nursing facility, the resident will be readmitted to the nursing facility immediately upon the first availability of a bed in a semiprivate room if the resident requires the services provided by the nursing facility.

(i) Admission policy. Each licensee shall have written admission policies regarding admission of residents. The admission policy shall meet the following requirements.

- (1) The adult care home shall admit only those persons whose physical, mental and psychosocial needs can be met within the accommodations and services available in the adult care home.
- (A) Each resident in a nursing facility shall be admitted under the care of a physician licensed to practice in Kansas.

(B) The adult care home shall not admit children under the age of 16.

(C) Any person in need of specialized services for mental illness shall be admitted only to an adult care home which can provide the accommodations and treatment which will assist that person to achieve and maintain the highest practicable level of physical, mental and psychological functioning

social functioning.

- (2) Before admission, the adult care home shall inform the prospective resident or legal representative in writing of the rates and charges for the adult care home's services and of the resident's obligations regarding payment. This information shall include the refund policy of the adult care home.
- (3) At the time of admission, the adult care home shall execute a written agreement with the resident or legal representative which describes in detail the services and goods which the resident will receive, and sets forth the obligations that the resident has toward the adult care home.
- (4) An admission agreement shall not include a general waiver of liability for the health and safety of residents.
- (5) Each admission agreement shall be written in clear and unambiguous language and printed clearly in black type which is not less than 12-point type.

- (j) At the time of admission, the adult care home shall inform the resident or legal representative in writing of the state statutes related to advance medical directives.
- (1) A copy of any advance medical directives executed by the resident shall be on file in the resident's record.
- (2) The adult care home shall develop and implement policies and procedures related to the advance medical directives.
- (k) The adult care home shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-149. Protection of resident funds and possessions in nursing facilities. The nursing facility shall have written policies and procedures which ensure the security of residents' possessions and residents' funds accepted by the facility for safekeeping. (a) The facility shall afford each resident the right to manage the resident's own financial affairs and the facility shall not require any resident to deposit the resident's personal funds with the facility.

(b) Upon written authorization of a resident, the resident's legal representative or power of attorney or an individual who has been appointed conservator for the resident, the facility shall hold, safeguard, manage, and account for the personal funds of the resident deposited

with the facility.

(c) The facility shall establish and maintain a system that assures a full, complete, and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

(1) The facility shall designate in writing the person

responsible for the accounting system.

(2) A record shall be made each time there is a disbursement or addition to the resident's personal fund.

(3) The facility shall provide a written-report which includes accounting for all transactions and which states the current fund balance to the resident or the resident's legal representative at least quarterly.

(4) The facility shall deposit any resident's funds in excess of \$50 in one or more interest bearing accounts which are separate from any of the facility's operating accounts, and which credit all interest when earned on the resident's account to the personal account of the resident.

(5) All resident funds deposited by the facility shall be

deposited in a Kansas financial institution.

(6) Within 30 days after the death of a resident with personal funds deposited with the facility, the facility shall convey the resident's funds and a final accounting of those funds to the individual or probate jurisdiction administering the resident's estate.

(7) The facility shall purchase a surety bond to assure the security of all residents' personal funds deposited

with the facility

(d) The facility shall have written policies and procedures which ensure the security of each resident's personal possessions.

(1) A written inventory of the resident's personal possessions, signed by the resident or the resident's legal representative shall be completed at the time of admission and updated at least annually.

(2) If a resident requests that the facility hold personal possessions within the facility for safekeeping, the facility

shall:

(A) Maintain a written record: and

(B) give a receipt to the resident or the resident's legal representative. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.).

28-39-150. Resident behavior and nursing facility practices. (a) Restraints. The resident shall be free from any physical restraints imposed or psychopharmacologic drugs administered for the purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

(I) When physical restraints are used there shall be:

(A) a written physician's order which includes the type of restraint to be applied, the duration of the application and the justification for the use of the restraint;

(B) evidence that at least every two hours the resident is released from the restraint, exercised, and provided the

opportunity to be toileted;

(C) regular monitoring of each resident in restraints at

intervals of at least 30 minutes;

(D) documentation in the resident's clinical record which indicates that less restrictive methods to ensure the health and safety of the resident were not effective or appropriate; and

(E) evaluation of the continued necessity for the physical restraint at least every three months and more frequently when there is a significant change in the resi-

dent's condition.

(2) Equipment used for physical restraints shall be designed to assure the safety and dignity of the resident.

(3) Staff who work with residents in physical restraints shall be trained in the appropriate application of the restraint and the care of a resident who is required to be physically restrained.

(4) In the event of an emergency, a physical restraint may be applied following an assessment by a licensed nurse which indicates that the physical restraint is necessary to prevent the resident from harming him or herself or other residents and staff members. The nursing facility shall obtain physician approval within 12 hours after the application of any physical restraint.

(b) The facility staff and consultant pharmacist shall monitor residents who receive psychopharmacologic drugs for desired responses and adverse effects.

(c) Abuse. Each resident shall have a right to be free from the following:

(1) verbal, sexual, physical, and mental abuse;

(2) corporal punishment; and

(3) involuntary seclusion.

- (d) Staff treatment of residents. Each facility shall develop and implement written policies and procedures that prohibit abuse, neglect, and exploitation of residents. The facility shall:
- (1) Not use verbal, mental, sexual, or physical abuse, including corporal punishment, or involuntary seclusion;

(2) not employ any individual who has been identified on the state nurse aide registry as having abused, neglected, or exploited residents in an adult care home in ·对象的形式的 34 the past;

(3) ensure that all allegations of abuse; neglect, or exploitation are investigated and reported immediately to the administrator of the facility and to the Kansas de-

partment of health and environment;

(4) have evidence that all alleged violations are thoroughly investigated, and shall take measures to prevent further potential abuse, neglect and exploitation while the investigation is in progress;

(5) report the results of all facility investigations to the

administrator or the designated representative;

(6) maintain a written record of all investigations of

reported abuse, neglect, and exploitation; and

(7) take appropriate corrective action if the alleged violation is verified. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, ar in a laboration to the state of a

28-39-151. Resident assessment Each nursing facility shall conduct at the time of admission, and periodically thereafter, a comprehensive assessment of a resident's needs on an instrument approved by the secretary of health and environment. (a) The comprehensive assessment shall include at least the following inforand the second of the experience of the second of the seco

- (1) Current medical condition and prior medical his-
- (2) measurement of the resident's current clinical status:
 - itus;
 (3) physical and mental functional status;
 - (4) sensory and physical impairments;
 - (5) nutritional status and impairments
 - (6) special treatments and procedures;
 - (7) mental and psychosocial status;
 - (8) discharge potential;

 - (10) activities potential;
 - (11) rehabilitation potential;
 - (12) cognitive status; and
 - (13) drug therapy.
 - (b) A comprehensive assessment shall be completed:
 - (1) not later than 14 days after admission;
- (2) not later than 14 days after a significant change in the resident's physical, mental, or psychosocial condition;
 - (3) at least once every 12 months
- (c) The nursing facility staff shall examine each resident at least once every three months, and as appropriate, revise the resident's assessment to assure the continued accuracy of the assessment.

(d) Changes in a resident's condition which are selflimiting and which will not affect the functional capacity of the resident over the long term do not in themselves require a reassessment of the residents

(e) The nursing facility shall use the results of the comprehensive assessment to develop, review, and revise the resident's comprehensive plan of care under subsection cambride both caption (f) The nursing facility shall conduct or coordinate each assessment with the participation of appropriate health professionals.

(g) A registered professional nurse shall conduct or coordinate each comprehensive assessment and shall sign and certify that the assessment has been completed.

(h) Comprehensive care plans.

(1) The facility shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's physical, mental, and psychosocial needs that are identified in the comprehensive assessment.

(2) The comprehensive care plan shall be:

(A) Developed within seven days after completion of

the comprehensive assessment; and

- (B) prepared by an interdisciplinary team including the attending physician, a registered nurse with responsibility for the care of the resident, and other appropriate staff in other disciplines as determined by the resident's needs, and with the participation of the resident, the resident's legal representative, and the resident's family to the extent practicable.
- (i) The services provided or arranged by the facility shall:

(1) Meet professional standards of quality; and

(2) be provided by qualified persons in accordance

with each resident's written plan of care.

(j) Discharge summary. When the facility anticipates discharge of a resident, a discharge summary shall be developed which includes the following:

A recapitulation of the resident's stay;

(2) a final summary of the resident's status which includes the items found in the comprehensive assessment, K.A.R. 28-39-151 (a). This summary shall be available for release at the time of discharge to authorized persons and agencies, with the consent of the resident or the resident's legal representative; and

(3) a post-discharge plan to assist the resident in the adjustment to a new environment. The resident, and when appropriate, the resident's family, shall participate in the development of the plan. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21,

1997.)

- 28-39-152. Quality of care. Each resident shall receive and the nursing facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and the plan of care. (a) Activities of daily living. Based on the comprehensive assessment of the resident, the facility shall ensure that:
- (1) each resident's abilities in activities of daily living improve or are maintained except as an unavoidable result of the resident's clinical condition. This includes the resident's ability to:

(A) Bathe;

- (B) dress and groom;
- (C) transfer and ambulate;
- (D) toilet;
- (E) eat; and
- (F) use speech, language or other functional communication systems;

(2) each resident is given the appropriate treatment and services to maintain or improve the level of functioning as described above in paragraph (1);

(3) any resident who is unable to perform activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

The facility shall ensure the following:

(A) Residents are bathed to ensure skin integrity, cleanliness and control of body odor;

(B) oral care is provided so that the oral cavity and dentures are clean and odor is controlled;

(C) residents are dressed and groomed in a manner which preserves personal dignity;

(D) residents who are unable to eat without assistance are offered fluids and food in a manner which maintains adequate hydration and nutrition; and

(E) preservation or enhancement of the resident's abilities to obtain fluid and nutrition in a normal manner.

(b) Urinary incontinence. The facility shall ensure that

(1) Residents who are incontinent at the time of admission or who become incontinent after admission are assessed, and based on that assessment a plan is developed and implemented to assist the resident to become continent unless the resident's clinical condition demonstrates that incontinency is unavoidable;

(2) residents who are incontinent are kept clean and dry to ensure skin integrity and prevent body odor;

- (3) residents who are admitted to the facility without an indwelling catheter are not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary; and
- (4) residents with indwelling catheters receive appropriate treatment and services to prevent urinary tract infections and to restore normal bladder function if possible.

(c) Pressure ulcers. Based on the comprehensive assessment, the facility shall ensure that:

- (1) Any resident who enters the facility without pressure ulcers does not develop pressure ulcers unless the resident's clinical condition demonstrates that they were unavoidable. The development of any pressure ulcer shall be reported to the medical director in writing;
- (2) any resident with pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing; and

(3) a skin integrity program is developed for each resident identified to be at risk for pressure ulcers. The program shall include the following:

(A) Frequent changes of position at least one time every two hours;

(B) protection of the skin from items which could promote loss of skin integrity;

(C) use of protective devices over vulnerable areas including heels, elbows, and other body prominences; and

(D) methods to assist the resident to remain in good body alignment.

(d) Stasis ulcers. Based on the comprehensive assessment of the resident, the facility shall ensure that:

(1) Any resident who is identified on the comprehensive assessment as being at risk for development of stasis (continued)

ulcers does not develop stasis ulcers unless the resident's clinical condition demonstrates that the stasis ulcers were unavoidable; and

(2) any resident with stasis ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new ulcers from developing.

(e) Range of motion. Based on the comprehensive assessment of a resident, the facility shall ensure that:

(1) Any resident who enters the facility without a limitation in range of motion does not experience a reduction in range unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable;

(2) any resident with a decrease in range of motion receives appropriate treatment and services to increase range of motion, if practicable, and to prevent further de-

crease in range of motion; and

(3) any resident who is identified as at risk for experiencing a decrease in range of motion is provided appropriate treatment and services to prevent the decrease.

(f) Mobility. Based on the comprehensive assessment

of the resident, the facility shall ensure that:

- (1) A resident's level of mobility does not decrease after admission unless the resident's clinical condition demonstrates that a reduction in mobility is unavoidable;
- (2) any resident with a limitation in mobility receives the appropriate treatment and services to maintain or increase the resident's mobility; and
- (3) any resident who is identified by the comprehensive assessment to be at risk for a reduction of function in the area of mobility is provided the treatment and services to prevent or limit that decrease in function.

(g) Psychosocial functioning. Based on the comprehensive assessment of the resident, the facility shall en-

sure that:

- (1) A resident's level of psychosocial functioning does not decrease after admission unless the resident's clinical condition demonstrates that a reduction in psychosocial functioning is unavoidable; and
- (2) any resident who displays psychosocial adjustment difficulty receives appropriate treatment and services to achieve as high a level of psychosocial functioning as possible within the constraints of the resident's clinical condition.
- (h) Gastric tubes. Based on the comprehensive assessment of a resident, the facility shall ensure that a resident who:
- (1) Has been able to eat enough to maintain adequate nutrition and hydration independently or with assistance is not fed by a gastric tube unless the resident's clinical condition demonstrates that use of a gastric tube was unavoidable; or
- (2) is fed by a gastric tube receives the appropriate treatment and services:
- (A) to prevent the following:
- (i) aspiration pneumonia;
- (ii) diarrhea;
- (iii) vomiting;
- (iv) dehydration;
- (v) metabolic abnormalities;
- (vi) nasal and pharyngeal ulcers; and
- (vii) ulceration at a gastrostomy tube site; and
- (B) to restore, if possible normal feeding function:

- (i) Accidents. The facility shall ensure that:
- (1) The resident's environment remains free of accident hazards; and
- (2) each resident receives adequate supervision and assistive devices to prevent accidents.
- (j) Nutrition. Based on the resident's comprehensive assessment, the facility shall ensure that each resident:
- (1) Maintains acceptable parameters of nutritional status, including usual body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible;
- (2) receives a therapeutic diet as ordered by the attending physician when there is nutritional problem or there is a potential for a nutritional problem; and
- (3) who is at risk for malnutrition is monitored and appropriate treatment and services provided to prevent malnutrition.
- (k) Hydration. The facility shall provide each resident with sufficient fluid intake to maintain proper hydration and health.
- (1) Fresh water, with or without ice according to the preference of the resident, shall be accessible to each resident at all times except when not appropriate due to resident's clinical condition.
- (2) Any resident at risk for dehydration shall be monitored and appropriate treatment and services provided to prevent dehydration.
- (l) The facility shall ensure that each resident receives proper treatment and care for special services, which include the following:

(1) Parenteral injections. Parenteral injections shall be performed by licensed nurses and physicians;

- (2) intravenous fluids and medications. Intravenous fluids and medications shall be administered and monitored by a registered nurse or by a licensed practical nurse who has documented successful completion of training in intravenous therapy;
 - (3) colostomy, ureterostomy or ileostomy care;
 - (4) tracheostomy care;
 - (5) tracheal suctioning;
 - (6) respiratory care;
 - (7) podiatric care;
 - (8) prosthetic care;
 - (9) skin care related to pressure ulcers;
 - (10) diabetic testing; and
- (11) other special treatments and services ordered by the resident's physician.

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- (m) Drug therapy. The facility shall ensure that all drugs are administered to residents in accordance with a physician's order and acceptable medical practice. The facility shall further ensure that:
- (1) All drugs are administered by physicians, licensed nursing personnel, or by other personnel who have completed a state-approved training program in drug administration;
- (2) a resident may self-administer drugs if the interdisciplinary team has determined that the resident can perform this function safely and accurately and the resident's physician has given written permission;
- (3) drugs are prepared and administered by the same person; and

(4) the resident is identified before administration of a drug, and the dose of the drug administered to the resident is recorded on the resident's individual drug record by the person who administers the drug.

Oxygen therapy. The facility shall ensure that oxygen therapy is administered to a resident in accordance with a physician's order. The facility shall further ensure

precautions are taken to provide safe administra-

tion of oxygen;

(2) each staff person administering oxygen therapy is trained and competent in the performance of the required procedures;

(3) equipment used in the administration of oxygen, including oxygen concentrators, is maintained and disinfected in accordance with the manufacturer's recommendations;

(4) a sign which reads "oxygen—no smoking" is posted and visible at the corridor entrance to a room in which oxygen is stored or in use;

(5) all smoking materials, matches, lighters, or any item capable of causing a spark has been removed from a room in which oxygen is in use or stored; and

- (6) oxygen containers are anchored to prevent them from tipping or falling over. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-153. Quality of life. Each nursing facility shall care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

Dignity. Each facility shall promote respect of each resident and shall fully recognize each resident's individ-

Self-determination and participation. The nursing facility shall afford each resident the right to:

Choose activities, schedules, and health care consistent with resident's interests, assessments and care plans;

(2) interact with members of the community both inside and outside the facility; and

(3) make choices about aspects of the resident's life that are significant to the resident.

Participation in resident and family groups.

(1) The facility shall afford each resident the right to organize and participate in resident groups in the facility.

(2) The nursing facility shall afford each resident's family the right to meet in the facility with the families of other residents in the facility.

(3) Staff or visitors may attend meetings at the group's invitation.

(4) The facility shall designate a staff person responsible for providing assistance and responding to written requests that result from group meetings.

(5) When a resident or family group exists, the facility shall consider the views, grievances, and recommendations of residents and their families concerning proposed policy and operational decisions affecting resident care and life in the facility. The nursing facility shall maintain a record of the written requests and the facility responses or actions.

(d) Participation in other activities. The nursing facility shall afford each resident the right to:

(1) Participate in social, religious, and community activities that do not interfere with the rights of other resi-

dents in the facility; and

(2) reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.

Activities.

The facility shall provide an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests of and promote the physical, mental, and psychosocial well-being of each res-

(2) A qualified activities director shall direct the ac-

tivities program.

The nursing facility shall employ activities personnel at a minimum weekly average of .09 hours per resident per day.

(f) Social services.

- (1) The facility shall provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each res-
- (2) Any facility with more than 120 beds shall employ a full-time social service designee who:

(A) is a licensed social worker; or

- (B) (i) meets the qualifications in K.A.R. 28-39-144 (bbb); and
- (ii) receives supervision from a licensed social worker.
- Any facility with 120 beds or fewer shall employ a social services designee. If the social service designee is not a licensed social worker or meets the requirements in K.A.R. 28-39-144 (bbb)(2), a licensed social worker shall supervise the social service designee.

(4) The nursing facility shall employ social service personnel at a minimum weekly average of .09 hours per resident per day. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21,

1997.)

28-39-154. Nursing services. Each nursing facility shall have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care. (a) Sufficient staff. The facility shall employ sufficient numbers of each of the following types of personnel to provide nursing care to all residents in accordance with each resident's comprehensive assessment and care plan.

(1) The nursing facility shall employ full-time a director of nursing who is a registered nurse. The director of nursing shall have administrative authority over and responsibility for the functions and activities of the nurs-

(2) A registered nurse shall be on duty at least eight consecutive hours per day, seven days per week. The facility may include the director of nursing to meet this requirement.

(3) A licensed nurse shall be on duty 24 hours per day, seven days per week.

(A) On the day shift there shall be the same number of licensed nurses on duty as there are nursing units.

(B) If a licensed practical nurse is the only licensed nurse on duty, a registered nurse shall be immediately

available by telephone.

(4) At least two nursing personnel shall be on duty at all times in the facility. Personnel shall be immediately accessible to each resident to assure prompt response to the resident call system and necessary action in the event of injury, illness, fire, or other emergency.

(5) The nursing facility shall not assign nursing personnel routine housekeeping, laundry, or dietary duties.

(6) Direct care staff shall wear identification badges to identify name and position.

(7) The nursing facility shall ensure that direct care

staff are available to provide resident care in accordance with the following minimum requirements.

(A) Per facility, there shall be a weekly average of 2.0 hours of direct care staff time per resident and a daily average of not fewer than 1.85 hours during any 24 hour period. The director of nursing shall not be included in this computation in facilities with more than 60 beds.

(B) The ratio of nursing personnel to residents per nursing unit shall not be fewer than one nursing staff member for each 30 residents or for each fraction of that

number of residents.

- (C) The licensing agency may require an increase in the number of nursing personnel above minimum levels under certain circumstances. The circumstances may include the following:
 - location of resident rooms;

(ii) locations of nurses' stations; (iii) the acuity level of residents; or

(iv) that the health and safety needs of residents are

not being met.

- (b) The nursing facility shall maintain staffing schedules on file in the facility for 12 months and shall include hours actually worked and the classification of nursing personnel who worked in each nursing unit on each shift. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-155. Physician services. Each resident in a nursing facility shall be admitted and remain under the care of a physician.

(a) The facility shall ensure that:

The medical care of each resident is supervised by

(2) another physician supervises the medical care of residents when the resident's attending physician is not available.

(b) The physician shall:

- (1) At the time of the resident's admission to the facility, provide orders for the immediate care of the resident, current medical findings, and diagnosis. The physician shall provide a medical history within seven days after admission of the resident;
- (2) review the resident's total program of care, including medications and treatments at each visit;
- write, sign and date progress notes at each visit: and

(4) sign all written orders at the time of the visit and telephone orders within seven days of the date the order was given.

A physician shall see the resident:

- (1) When it is necessary due to a change in the resident's condition determined by the physician or licensed nursing staff;
- when the resident or legal representative requests a physician visit; and

(3) at least annually.

- (d) The physician may delegate resident visits to an advanced registered nurse practitioner or a physician as-
- The physician shall develop a written protocol which indicates the tasks delegated by the physician to the advanced registered nurse practitioner or physician

The nursing facility shall maintain on file a copy

of the protocol in the nursing facility.

The physician shall counter-sign any orders for medications prescribed by an advanced registered nurse practitioner or physician assistant within seven days after

the medication is prescribed.

- At admission, the resident or the resident's legal representative shall designate the hospital to which the resident is to be transferred in a medical emergency. If the resident's attending physician does not have admitting privileges at the named hospital, the facility shall assist the resident or the resident's legal representative in making arrangements with another physician who has admitting privileges to assume the care of the resident during hospitalization. This information shall be available on the resident's clinical record.
- (f) Death of resident. The nursing facility shall obtain an order from a physician before allowing the removal of the body. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-156. Pharmacy services. The nursing facility shall provide pharmaceutical services including policies and procedures that assure the accurate acquisition, receipt, and administration of all drugs and biologicals to meet the needs of each resident. (a) Supervision by a licensed pharmacist.

(1) A pharmacist shall develop, coordinate, and su-

pervise all pharmacy services.

(2) The pharmacist shall perform a monthly review of the methods, procedures, storage, administration, disposal, and record-keeping of drugs and biologicals.

(3) The pharmacist shall prepare a written report which includes recommendations for the administrator after each monthly review.

(b) Ordering and labeling.

(1) All drugs and biologicals shall be ordered pursuant to a written order issued by a licensed physician.

(2) The dispensing pharmacist shall label each prescription container in accordance with K.A.R. 68-7-14.

(3) Over-the-counter drugs. The facility shall ensure that any over-the-counter drug delivered to the facility is in the original, unbroken manufacturer's package. The pharmacist or licensed nurse shall place the full name of the resident on the package. If over-the-counter drugs are removed from the original manufacturer's package other than for administration, the pharmacist shall label the

drug as required for prescription drugs.

(4) Physicians, advanced registered nurse practitioners, and physician assistants shall give verbal orders for drugs given only to a licensed nurse, pharmacist or another physician. The licensed nurse, physician, or pharmacist shall immediately record the verbal order in the resident's clinical record. The physician shall countersign all verbal orders within seven working days after receipt of the verbal order.

(c) Automatic stop orders. Drugs not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders in accordance with written policies of the facility. A licensed nurse shall notify the physician of an automatic stop order before the administration of the last dose so that the physician may

decide if additional drug is to be ordered.

(d) Storage.

- (1) The licensed pharmacist shall ensure that all drugs and biologicals are stored according to state and federal laws.
- (2) The nursing facility shall store all drugs and biologicals in a locked medication room or a locked medication cart located at the nurses' station. Only the administrator and persons authorized to administer medications shall have keys to the medication room or the medication cart.
- (3) The nursing facility shall store drugs and biologicals under sanitary conditions.
- (4) The temperature of the medication room shall not exceed 85°F. The nursing facility shall store drugs and biologicals at the temperatures recommended by the manufacturer.
- (e) The nursing facility shall develop and implement policies and procedures to assure that residents who selfadminister drugs do so safely and accurately.
- (f) Accountability and disposition. The nursing facility shall control and dispose of drugs and biologicals in a manner that ensures the safety of the resident.
- (1) The nursing facility shall maintain records of receipt and disposition of all controlled substances in order that there can be an accurate reconciliation.
- (2) The licensed pharmacist shall determine whether the records of drug and biological administration are in order and that an accurate account of all controlled substances was maintained and reconciled.
- (3) The licensed pharmacist shall identify any deteriorated, outdated, or discontinued drugs and biologicals and any drugs or biologicals that are unused remaining from a discharged or deceased resident during the monthly pharmacy services review. The licensed pharmacist shall destroy, if appropriate, any deteriorated, outdated, unused, or discontinued drugs and biologicals at the nursing facility and in the presence of one witness who is a licensed nurse employed by the facility. A record shall be on file in the facility which contains the date, drug name, quantity of drugs and biologicals destroyed, and signatures of the pharmacist and licensed nurse.
- (4) The nursing facility shall return to the dispensing pharmacy any drugs and biologicals which have been re-

called and shall maintain documentation of this action in the facility.

(5) Staff members who have authority to administer drugs may provide drugs to residents or a responsible party during short-term absences from the facility.

(A) A staff member who has the authority to admin-

ister drugs may transfer to a suitable container.

(B) The staff member preparing the drugs shall provide written instructions for the administration of the drugs to the resident or responsible party.

(6) The staff member preparing the drugs shall document the drugs provided and the instructions given in

the resident's clinical record.

(7) The nursing facility may send drugs with a resident at the time of discharge, if so ordered by the physician.

(g) Drug regimen review.

(1) The licensed pharmacist shall review the drug regimen of each resident at least monthly.

(2) The licensed pharmacist shall document in the resident's clinical record that the drug regimen review has

been performed.

(3) The licensed pharmacist shall report any irregularities to the attending physician, the director of nursing, and the medical director. The pharmacist or a licensed nurse shall act upon any responses by the physician to the report.

(4) The pharmacist shall document the drug regimen review in the resident's clinical record or on a drug regimen report form. A copy of the drug regimen review

shall be available to the department.

(5) Any deviation between drugs ordered and drugs given shall be reported to the quality assessment and assurance committee.

(h) Emergency drug kits. A nursing facility may have an emergency drug kit available for use when needed.

- (1) The medical director, director of nursing, and licensed pharmacist shall determine the contents of the emergency drug kit. The contents of the kit shall be periodically reviewed and drugs added and deleted as appropriate. Written documentation of these determinations shall be available in the facility.
- (2) Policies and procedures shall be available for the use of the emergency drug kit.

(3) The facility shall have a system in place which ensures that drugs used from the emergency drug kit are

replaced in a timely manner.

(4) The emergency drug kit shall be in compliance with K.A.R. 68-7-10 (d). (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

28-39-157. Specialized rehabilitation services. Each nursing facility shall provide or obtain rehabilitative services for residents, including physical therapy, speechlanguage pathology, audiology, and occupational therapy. (a) Provision of services. If specialized rehabilitative services are required in the resident's comprehensive plan of care, the facility shall:

(1) Provide the required services; or

(2) obtain the required services from an outside resource in accordance with K.A.R. 28-39-163 (h), from a provider of specialized rehabilitation services.

it h) Qualified personnel shall provide specialized rehabilitation services under the written order of a physi-

(c) The facility shall develop policies and procedures for the provision of specialized rehabilitation services. (Authorized by and implementing K.S.A. 39-932; effective Mov. 1, 1993; amended Feb. 21, 1997.)

28-39-158. Dietary services. The nursing facility shall provide each resident with nourishing, palatable, attractive, non-contaminated foods that meet the daily nutritional and special dietary needs of each resident. A facility that has a contract with an outside food management company shall be found to be in compliance with this regulation if the company meets the requirements of these regulations. (a) Staffing.

(1) Overall supervisory responsibility for the dietetic services shall be the assigned responsibility of a full-time employee who is a licensed diefitian or a dietetic services supervisor who receives regularly scheduled onsite supervision from a licensed dietitian. The nursing facility shall provide sufficient support staff to assure adequate

time for planning and supervision. (2) The nursing facility shall implement written politics and procedures for all functions of the dietetic services department. The policies and procedures shall be

available for use in the department. (b) Menus and nutritional adequacy.

(1) Menus shall meet the nutritional needs of the residents in accordance with:

(A) each resident's comprehensive assessment;
(B) the attending physician's orders; and

(C) the recommended dietary allowances of the food and nutrition board of the national research council, national academy of sciences as published in Recommended Dietary Allowances, 10th ed., 1989.

(2) Menus for all diets and therapeutic modifications shall be written at least two weeks in advance of service

and shall be approved by a licensed dietitian.

(3) Menus shall ensure that not less than 20 percent

of the total calorie intake is served at one meal.

(4) When a substitution is necessary, the substitute shall be of similar nutritive value, recorded, and available for review.

Menus shall be followed.

The nursing facility shall keep on file and available for review records of the foods purchased and meals and snacks actually served for 3 months.

(c) Food. Each facility shall comply with the follow-

ing provisions.

(1) Dietary service staff shall prepare the food by methods that conserve nutritive value, flavor, appetizing aroma, and appearance.

(2) Food shall be attractive, flavorful, well-seasoned,

and served at the proper temperature.

- (A) Before serving, the facility shall hold hot foods at 140°F or above.
- (B) Hot foods, when served to the resident, shall not be below 115°F.
- (C) The facility shall hold and serve cold foods that are potentially hazardous at not more than 45°F.
- (3) The facility shall prepare the food using standardized recipes adjusted to the number of residents served.

(4) The facility shall prepare the food in a form designed to meet individual resident needs.

(5) When a resident refuses a food served, the facility shall serve the resident food of similar nutritive value as a substitute.

(d) Therapeutic diets.

(1) The attending physician shall prescribe any therapeutic diets.

(2) A current diet manual approved by the licensed dietitian shall be available to attending physicians, nurses, and dietetic services personnel. The facility shall use the manual as a guide for writing menus for therapeutic diets.

(e) Frequency of meals.

- (1) Each resident shall receive and the facility shall:
- (A) Provide at least three meals daily, at regular
- offer nourishment at bedtime to all residents unless clinically contra-indicated; and
- (C) provide between-meal nourishments when clinically indicated or requested when not clinically contraindicated.
- There shall be no more than 14 hours' time between a substantial evening meal and breakfast the following day, except when a nourishing snack is provided at bedtime, in which instance 16 hours may elapse. A nourishing snack shall contain items from at least 2 food

(f) Assistive devices. Each facility shall provide, based on the comprehensive assessment, special eating equipment and utensils for residents who need them.

(g) Sanitary conditions. Each facility shall comply

with the following provisions.

- The facility shall procure all foods from sources approved or considered satisfactory by federal, state and local authorities.
- (2) The facility shall store, prepare, display, distribute, and serve foods to residents, visitors and staff under sanitary conditions.

(A) The facility shall keep potentially hazardous foods at a temperature of 45°R or 7°C or lower, or at a

temperature of 140°F or 60°C or higher.

(B) The facility shall provide each mechanically refrigerated storage area with a numerically scaled thermometer, accurate to +plus or +minus 3°F or 1.5°C, which is located to measure the warmest part of the storage area and is easily readable. Car Driv

(C) The facility shall keep frozen food frozen and shall store the food at a temperature of not more than 0°F.

- (D) The facility shall store each prepared food, dry or staple food, single service ware, sanitized equipment, or utensil at least six inches or 15 centimeters above the floor on clean surfaces and shall protect the food from contam-
- (E) The facility shall store and label containers of potsonous compounds or cleaning supplies and keep the containers in areas separate from those used for food storage, preparation and serving. una vafi, 🗥

(F) The facility shall cover, label, and date each food item not stored in the original product container or pack-的物質學養養語 的一件

(G) The facility shall tightly cover and date each opened food item stored in the original product container

or package.

(H) The facility shall not store prepared foods, dry or staple foods, single service ware, sanitized equipment or utensils and containers of food under exposed or unprotected sewer lines or water lines, except for automatic fire protection sprinkler heads. The facility shall not store food and service equipment or utensils in toilet rooms.

The facility shall store food not subject to further washing or cooking before serving in a way that protects

the food against cross-contamination.

- The facility shall not store packaged food subject to entry of water in contact with water or undrained ice.
 - The facility shall prepare and serve food:
 - with the least possible manual contact;

with suitable utensils; and

on surfaces that have been cleaned, rinsed and sanitized before use to prevent cross-contamination.

(4) The facility shall not prepare or serve food from containers with serious defects.

- (5) The facility shall thoroughly wash each raw fruit and raw vegetable with water before being cooked or
- (6) With the following exceptions, the facility shall cook potentially hazardous foods which require cooking to at least 145°F.
- (A) The facility shall cook poultry, poultry stuffings, stuffed meats and stuffing containing meat to a minimum temperature of 165°F in all parts of the food with no interruption of the cooking process.

(B) The facility shall cook pork and any food containing pork to a minimum temperature of 150°F in all parts

of the food.

- (C) The facility shall cook ground beef and any food containing ground beef to at least 155°F in all parts of the food.
- When foods in which dry milk has been added are not cooked, the foods shall be consumed within 24 hours.
- (8) The facility shall use only pasteurized fresh milk as a milk beverage and shall transfer to a glass directly from a milk dispenser or original container. When clinically indicated, non-fat dry milk may be added to fresh milk served to a resident.
- (9) The facility shall use only clean whole eggs, with shells intact and without cracks or checks, or pasteurized liquid, frozen, or dry eggs or egg products, or commercially prepared and packaged hard cooked, peeled eggs. All eggs shall be cooked.

(10) The facility shall reheat rapidly potentially hazardous foods that have been cooked and then refrigerated to a minimum of 165°F throughout before being served or before being placed in a hot food storage unit.

(11) The facility shall use metal stem-type numerically scaled thermometers, accurate to +plus or -minus 3°F to assure the attainment and maintenance of proper internal cooking, holding, or refrigeration temperatures of potentially hazardous foods.

The facility shall thaw potentially hazardous (12)foods:

 Under refrigeration; (A)

under cold running water;

- (C) in a microwave when the food will be immediately cooked; or
 - as part of the cooking process.

Service. The facility shall:

- provide dining room service for all capable resi-**(1)** dents;
- (2) provide ice for beverages which shall be handled in a manner which prevents contamination;
- (3) Cover food distributed for room service and to dining rooms not adjacent to the dietetic services department; and
- (4) Protect food on display from contamination by the use of packaging or by the use of easily cleanable counter, serving line or salad bar protective devices or other effective means.

Dietary employees shall:

Thoroughly wash their hands and exposed portions of their arms with soap and water before starting work, during work as often as necessary to keep them clean, and after smoking, eating, drinking, or using the toilet. Employees shall keep their fingernails clean and trimmed;

(2) wear clean outer clothing;

(3) use effective hair restraints to prevent contamination of food and food-contact surfaces;

(4) taste food in a sanitary manner;

- (5) use equipment and utensils constructed from and repaired with safe materials;
- (6) clean and sanitize equipment and utensils after each use;
- (7) use clean, dry cloths or paper used for no purpose but for wiping food spills on tableware such as plates or bowls; and
- (8) use cloths or sponges for wiping food spills on food and non-food contact surfaces which are clean, rinsed frequently in a sanitizing solution and stored in the sanitizing solution which is maintained at an effective concentration
- The facility shall ensure that only persons authorized by the facility are in the dietary services area or areas.
- (k) The facility shall ensure that the food preparation area is not used as a dining area.

Cleaning procedures. The facility shall:

Establish and follow claning procedures to ensure that all equipment and work areas, including walls,

floors, and ceilings are clean;

Perform cleaning and sanitizing of tableware and equipment by immersion, spray-type, or low-temperature dishwashing machines used according to the manufacturer's directions. Rinse temperature in hot water machines shall be a minimum of 160°F at the dish level;

Air dry all tableware, kitchenware, and equip-(3)

ment;

- (4)Store glasses and cups in an inverted position;
- Cover or invert other stored utensils;
- (6) Provide for storage of knives, forks, and spoons so that the handle is first presented;

(7) Provide mops and mop pails for exclusive use in

the dietary department;

(8) Provide a lavatory with hot and cold running water, soap, and single-service towels or a mechanical hand drying device in dietetic services;

- (9) Dispose of waste in a sanitary manner via a food disposal or in clean containers with tight-fitting covers; and
- (10) Cover waste containers except when in continuous use. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- **28-39-159.** Dental Services. Each nursing facility shall assist residents in obtaining routine and 24-hour emergency dental care. The facility shall: (a) Maintain a list of available dentists for residents who do not have a dentist:

(b) assist residents, if requested or necessary, in ar-

ranging for appropriate dental services; and

- (c) assist residents in arranging transportation to and from the dentist's office. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- **28-39-160.** Other resident services. (a) Special care section. A nursing facility may develop a special care section within the nursing facility to serve the needs of a specific group of residents.

(1) The facility shall designate a specific portion of the

facility for the special care section.

- (2) The facility shall develop admission criteria which identifies the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, physician's progress notes, or both shall justify admission to the section.
- (3) A written physician's order shall be required for placement.
- (4) Direct care staff shall be present in the section at all times.
- (5) Before admission to a special care section, the facility shall inform the resident or resident's legal representative in writing of the services and programs available in the special care section which are different from those services and programs provided in the other sections of the facility.
- (6) The facility shall provide a training program for each staff member before the member's assignment to the section. Evidence of completion of the training shall be on file in the employees' personnel records.
- (7) The facility shall provide inservice training specific to the needs of the residents in the special care section to staff at regular intervals.
- (8) The facility shall develop and make available to the clinical care staff policies and procedures for operation of the special care section.
- (9) The facility shall provide a sub-station for use by the direct care staff in the special care section. The design of the sub-station shall be in accordance with the needs of the special care section and allow for visibility of the corridors from that location.
- (10) Staff in the section shall be able to observe and hear resident and emergency call signals from the corridor and nurse substation.
- (11) The facility shall provide living, dining, activity and recreational areas in the special care section at the rate of 27 square feet per resident except when residents are able to access living, dining, activity and recreational areas in another section of the facility.

(12) The comprehensive resident assessment shall indicate that the resident would benefit from the program offered by the special care section.

(13) The resident comprehensive care plan shall include interventions which effectively assist the resident in correcting or compensating for the identified problems

or need.

(14) Control of exits shall be the least restrictive possible for the residents in the section.

- (b) Adult day care. A nursing facility may provide adult day care services to any individual whose physical, mental, and psychosocial needs can be met by intermittent nursing, psychosocial, and rehabilitative or restorative services.
- (1) The nursing facility shall develop written policies and procedures for provision of adult day care services.

(2) The nursing facility shall develop criteria for ad-

mission to the adult day care service.

- (3) The nursing facility shall maintain a clinical record of services provided to clients in the adult day care program.
- (4) The provision of adult day care services shall not adversely affect the care and services offered to residents of the facility.
- (c) Respite care. A nursing facility may provide respite care to individuals on a short-term basis of not more than 30 consecutive days.

(1) The facility shall develop policies and procedures

for the provision of respite care.

- (2) All requirements for admission of a resident to a nursing facility shall be met for an individual admitted for respite care.
- (3) The facility may obtain an order from the resident's physician indicating that the resident may return to the facility at a later date for respite care.
- (A) The facility may identify the resident's clinical record as inactive until the resident returns.
- (B) Each time the resident returns to the facility for subsequent respite services, the resident's physician shall review the physician plan of care and shall indicate any significant change which has occurred in the resident's medical condition since the previous stay.
- (C) The facility shall review and revise the comprehensive assessment and care plan if needed.
- (D) The facility shall conduct a comprehensive assessment after any significant change in the resident's physical, mental, or psychosocial functioning and not less often than once a year.
- (E) Any facility with a ban on admissions shall not admit or readmit residents for respite care. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- **28-39-161.** Infection control. Each nursing facility shall establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and to prevent the development and transmission of disease and infection. (a) The facility shall establish an infection control program under which the facility:
- (1) Prevents, controls, and investigates infections in the facility;

- Kansas Register
- (2) develops and implements policies and procedures which require all employees to adhere to universal precautions to prevent the spread of blood-borne infectious diseases based on "Universal Precautions for Prevention gof Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Health-Care Settings," as published in the Morbidity and Mortality Weekly Report, June 24, 1988, Vol. 37 No. 24 and "CDC Guidelines for Handwashing and Hospital Environmental Control," effective November, 1985;
- (3) develops and implements policies and procedures related to isolation of residents with suspected or diagnosed communicable diseases based on "Center for Disease Control Guidelines for Isolation Precautions in Hospitals," effective January, 1996;

(4) develops policies and procedures related to employee health based on "Center for Disease Control Guidelines for Infection Control in Hospital Personnel," effective August, 1983;

- $\mathfrak{O}^{*}(\overline{\mathfrak{S}})$ assures that at least one private room which is well ventilated and contains a separate toilet facility is designated for isolation of a resident with an infectious disease requiring a private room. The facility shall develop a policy for transfer of any resident occupying the designated private room to allow placement of a resident with an infectious disease requiring isolation in the private room designated as an isolation room;
- (6) includes in the orientation of new employees and periodic employees inservice information on exposure control and infection control in a health care setting; and
- maintains a record of incidents and corrective actions related to infections which are reviewed and acted upon by the quality assessment and assurance committee.

(b) Preventing the spread of infection.

(1) When a physician or licensed narse determines that a resident requires isolation to prevent the spread of infection, the facility shall isolate the resident according to the policies and procedures developed.

The facility shall prohibit employees with a communicable disease or infected skin lesions from coming in direct contact with residents, the resident's food, or resident care equipment until the condition is resolved.

- (3) Tuberculosis skin testing shall be administered to each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Each facility shall follow the centers for disease control recommendations for "Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly," as published in Morbidity and Mortality Weekly Report, July 13, 1990.
- (4) Staff shall wash their hands after each direct resident contact for which handwashing is indicated by "Center for Disease Control Guideline for Handwashing and Hospital Environmental Control," effective November, 1985.
 - (c) Linens and resident clothing.
- (1) The facility shall handle soiled linen and soiled resident clothing as little as possible and with minimum agitation to prevent gross microbial contamination of air and of persons handling the items.

- (2) The facility shall place all soiled linen and resident clothing in bags or in carts immediately at the location where it was used. The facility shall not sort and pre-rinse linen and resident clothing in resident-care areas.
- (3) The facility shall deposit and transport linen and resident clothing soiled with blood or body fluids in bags that prevent leakage.
- (4) The facility shall wash linen with detergent in water at least 160°F. The facility shall follow the manufacturers' operating directions for washing equipment.
- The facility may wash soiled resident clothing in water less than 160°F when chemicals suitable for lowtemperature washing are used at the concentration recommended by the manufacturers of the chemicals.
- (6) The facility shall use methods for transport and storing of clean linen which will ensure the cleanliness of the linens. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-162. Nursing facility physical environment; construction and site requirements. Each nursing facility shall be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public. (a) All new construction and modifications shall comply with building codes, ordinances, and regulations enforced by city, county, or state jurisdictions.

(1) Where codes, ordinances, and regulations are not in effect, the owner shall conform to the uniform building code, as in effect in 1991.

- (2) New construction, modifications and equipment shall conform to the following codes and standards:
- (A) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and
- "Food service sanitation manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.
- Site requirements. The location and development of a site upon which a facility is to be constructed, or an existing facility expanded, or an existing building converted for use as an adult care home, shall meet the following physical requirements:
- Site location. The general location of the site shall be:
 - (A) Served by all-weather roads or streets;
- (B) accessible to physician services, fire and other emergency services, medical facilities, churches, and population centers where employees can be recruited and retained;
- sufficiently remote from noise sources which would cause day or night average sound levels to exceed 65 decibels. The average day or night sound level shall be the A-weighted energy equivalent sound level for a 24-hour period with an additional 10 decibel weighing imposed on the equivalent sound level occurring during the night-time hours of the following day (10:00 p.m. to 7:00 a.m.). For the purposes of this regulation the term decibel is a unit for measuring the volume of a sound equal to 20 times the logarithm to the base 10 of the ratio of the pressure of sound measured to the reference pressure which is 20 micropascals. Fast time averaging and A-measurements shall be made four feet 11 inches or 1.5

meters above ground level at a site location, six feet seven inches or two meters from the exterior wall of the existing or proposed building, on that side nearest the predominant noise source. If the proposed building location is unknown, the person testing the noise levels shall take measurements at a point six feet seven inches or two meters beyond the building setback line in the direction of the predominant noise source. Any noise measurements which are submitted for review shall be performed at the site within 180 days immediately before the date of the application for site approval. The department shall give consideration to the presence of time varying or seasonal noise sources during the selection of measurement periods in order to provide an accurate assessment of the noise environment of the site. The 24-hour measurement periods selected shall be representative of the maximum noise source activities likely to be encountered during any weekly period;

(D) free from noxious and hazardous fumes;

(E) at least 4,000 feet from concentrated livestock operations, including shipping areas, or holding pens;

(F) free of flooding for a 100-year period; and

(G) sufficient in area and configuration to accommodate the facility, drives, parking, sidewalks, recreational area, and community zoning restrictions.

(2) Site development. Development of the site shall

conform to the following provisions.

(A) Final grading of the site shall provide topography for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas.

(B) The facility shall provide off-street parking at a rate of six parking spaces for the first 3,000 square feet or 279 square meters of gross floor area of the facility, plus one additional parking space for each additional 1,000 square feet or 93 square meters of gross floor area of the facility.

(C) The facility shall provide parking spaces, sized and signed as reserved for the physically disabled, conforming to title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992.

(D) All drives and parking areas shall be surfaced with a smooth all-weather finish. The facility shall not use

unsealed gravel.

- (E) Except for lawn or shrubbery which the facility may use in landscape screening, the facility shall provide an unencumbered outdoor area of at least 50 square feet or 4.65 square meters per bed for recreational use and shall so designate this area on the plot plan. The licensing agency may approve equivalent facilities provided by terraces, roof gardens, or similar structures for facilities located in high density urban areas. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-162a. Nursing facility physical environment; general requirements. (a) Except for a detached boiler, equipment room, laundry room, and storage spaces for yard and maintenance equipment and supplies and flammables, all units, areas, and rooms of the facility shall be within a single building under one roof and shall, at a minimum, contain the units, areas, and rooms listed in subsections (b) through (p) of this regulation.

(b) Nursing unit. A nursing unit shall consist of 60 beds or fewer. Any facility constructed after February 15, 1977 shall have at least 80 percent of the beds located in rooms designed for one and two beds and at least five percent of the beds located in one-bed rooms, each equipped with a private toilet. A nursing unit shall contain the following areas and rooms:

(1) Resident rooms. Each resident room shall meet the following requirements.

(A) Each room shall accommodate not more than four residents

(B) The minimum room area, exclusive of toilet rooms, closets, lockers, wardrobes, other built-in fixed items, alcoves, and vestibules, shall measure 100 square feet in one-bed rooms and 80 square feet per bed in multibed rooms. Facilities licensed before January, 1963 shall provide a minimum floor area per bed as follows:

(i) one-bed rooms, 90 square feet per bed;

- ii) two-bed rooms, 80 square feet per bed; and the
- (iii) three- to four-bed rooms, 70 square feet per bed,
- (C) Each resident room shall have direct access to a corridor.
- (D) Each bed in a multi-bed room shall have ceilingsuspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.
- (E) Curtain material shall be launderable and flame retardant.
- (F) Each resident room shall have at least one window which opens for ventilation and egress to the outside. The window area shall not be less than 12 percent of the gross floor area of the resident room. Interior window stool height shall not exceed three feet above the floor and shall be at least two feet six inches above exterior grade. Facilities constructed prior to February 15, 1977 shall not be required to comply with this paragraph.

(G) Each resident room shall have a floor at or above grade level. Any facility constructed before the effective date of these regulations shall not be required to comply

with this paragraph.

(H) Room configuration shall be adequate to permit the beds to align parallel to the exterior wall with a minimum of three feet clearance from the sides and foot of the beds to the nearest fixed obstruction. The room configuration shall be designed so that beds are not located more than two deep from the exterior window wall. Any facility constructed before February 15, 1977 shall not be required to meet this paragraph.

(I) Each resident room shall have a separate bed for each resident. The bed shall be of appropriate size and

height with:

(i) a clean, comfortable mattress; and

(ii) bedding appropriate to the weather and needs of the resident.

(J) Each resident room shall have functional furniture

appropriate to the resident's needs

(K) The facility shall provide an individual space in a fixed closet or wardrobe with doors for each bed. Closets shall have, for each bed, a minimum floor area of five square feet, a minimum depth of one foot ten inches and a separated shelf and hanging rod of not less than two feet six inches. At least one foot three inches of the hang-

ing rod shall have sufficient clearance for full-length garments. The hanging rods and shelves shall be accessible to the resident. Facilities constructed prior to February 15, 1977 shall provide a fixed closet or wardrobe with a shelf and hanging rod accessible to residents.

(2) Toilet facility. A toilet room shall not serve more than four beds and shall be accessible without entry from the general corridor. A toilet room shall contain a toilet and a lavatory, unless a lavatory is provided in each resident room.

- (A) The minimum area of a toilet room serving a resident room shall be 30 square feet with sufficient turning radius for a wheelchair.
- (B) If a bathing unit is included, the facility shall provide additional space. Space occupied by the bathing unit shall not be included in the minimum dimensions stated in the regulation.
- (C) Any facility constructed before February 15, 1977 shall provide the resident with access to toilet and bathing facilities from the general corridor or shall provide direct access from the resident room to toilet and bathing facilities.
- (3) Each resident room in any facility constructed after February 15, 1977 shall not be located more than 150 feet from the nursing service areas required by subsection (c) of this regulation. Distance shall be measured from one foot outside the resident room door along the shortest line, in the general corridor where the resident room appears within one foot of the designated service area.

(4) Resident call system.

- (A) The facility shall provide each resident bed with a resident call button which shall register at the nurses' station with a common audible signal and a visual signal. Any facility constructed after May 1, 1982 shall provide a visual signal indicating the resident room number at the nurses' station.
- (B) A visual signal shall be located at the resident room corridor door.
- (C) The facility shall provide visual and audible signals in clean and soiled workrooms and in the medication preparation rooms. Any facility constructed before May 1, 1982 shall not be required to provide audible signals in clean and soiled workrooms and medication preparation rooms.
- (D) In multi-corridor units, the facility shall install additional visible signals at corridor intersections if the facility was constructed after February 15, 1977.
- (E) The facility shall install a resident emergency call button next to each toilet, shower, and bathtub accessible to residents.
- (F) In any facility constructed after May 1, 1982, the emergency call system shall be operated by a cord pull which when activated turns on a light of a different color from the resident call system, over the corridor door at the site of the emergency.
- (i) When the emergency call system is activated, it shall produce a rapidly flashing light and a repeating audible signal in the nurses station, clean workroom, soiled workroom, and medication preparation rooms. Facilities constructed before May 1, 1982 shall not be required to have an audible signal or a rapidly flashing light.

(ii) The signals produced by the emergency call system shall be obviously different from those produced by the resident call system. Facilities constructed before May 1, 1982 are not required to have a different signal for the emergency call system.

(iii) The emergency call system shall continue to op-

erate until it is manually reset at the site of origin.

(G) Resident call systems may include two-way voice communication. When a two-way system is used, it shall include all functions required in paragraph (4) of this regulation and shall be equipped with an indicating light at each calling station which lights and remains lighted as

long as the value circuit is operating.

(c) Service areas or rooms. The service areas or rooms required in this regulation shall be located in each nursing unit and shall be accessible directly from the general corridor without passage through an intervening room or area, except medication preparation rooms. A service area or room shall not serve more than one nursing unit, except as otherwise indicated. The service areas and rooms specified shall provide space and equipment as prescribed in this regulation.

(1) Nurses' station.

- (A) A nurses' station shall provide space for charting, records, a telephone, a resident call system, and an emergency call system signal register for rooms on the nursing unit.
- (B) The nurses' station shall be located so that the corridors outside the doors of resident rooms are visible from the nurses' station. The facility may use television cameras and monitors to meet this requirement. Facilities constructed before February 15, 1977 shall not be required to comply with this paragraph.

(2) Medication preparation room.

(A) A medication preparation room shall be equipped with the following:

(i) a work counter, lavatory or countertop sink, a refrigerator, and shelf space for separate storage and maintenance of residents' medications;

(ii) a door visible from the nurses' station, except any facility licensed before January, 1963; and

(iii) a door equipped with self-locking hardware and automatic door closures;

- (B) The temperature in the medication room shall not exceed 85°F.
- (C) Lighting shall be sufficient to provide 100 foot candles at counter level.
- (D) The medication preparation room shall contain a separate, locked, permanently affixed compartment for storage of controlled substances listed in K.S.A. 1995 Supp. 65-4107, and amendments thereto and other drugs which, in the opinion of the consultant pharmacist, are subject to abuse.

(E) A medicine preparation room may serve more than 60 beds when a self-contained medication dispensing unit is used. The self-contained medication dispensing unit may be located at the nurses' station, in the clean workroom, in an alcove, or in other space convenient for staff control.

(3) Clean workroom. The facility shall provide a clean workroom for preparation, handling, storage, and distribution of clean or sterile materials and supplies.

- (A) The room shall contain a work counter with sink or separate handwashing lavatory and adequate shelving and cabinets for storage.
- (B) Storage and preparation of food and beverages shall not be permitted in the clean workroom.

(C) The facility may store clean linen supplies in the clean workroom if sufficient shelving, cabinets, or cart

parking space is provided.

(D) Minimum room area shall be 80 square feet, with a minimum length or width of six feet. Any facility constructed before February 15, 1977 shall not be required to meet this regulation.

(E) The facility may provide additional rooms for storage of clean materials or supplies. These additional rooms shall not be required to have a counter or hand-

washing facilities.

- 5.(4) Soiled workroom. The facility shall provide a soiled workroom for the disposal of wastes, collection of contaminated material, and the cleaning and sanitizing of resident care utensils.
- (A) The soiled workroom shall contain a flushing rim clinic sink with bedpan rinsing device, a work counter, a two-compartment sink, a storage cabinet with a lock for sanitizing solutions and cleaning supplies used in the cleaning of resident care equipment, a covered waste receptacle, and a covered soiled linen receptacle. Any facility constructed before February 15, 1977 shall have a sink.
- (B) Minimum room area shall be 80 square feet with a minimum length or width of six feet. Any facility constructed before February 15, 1977 shall not be required to comply with this paragraph.

(C) The facility shall not store clean supplies, equip-

ment, and materials in the soiled workroom.

(5) Clean linen storage. Clean linen storage shall be provided, with adequate shelving, cabinets, or cart space, and may be located in the clean workroom required in paragraph (c)(3) of this regulation.

(6) Nourishment area.

(A) Each facility constructed after February 15, 1977 shall provide a nourishment area. The nourishment area shall contain the following:

(i) a sink equipped for handwashing;

(ii) equipment for serving nourishments between scheduled meals; and

(iii) a refrigerator and storage cabinets.

- (B) The nourishment area may be located adjacent to the dietetic service area.
- (C) One nourishment area may serve more than one nursing unit. When the nourishment area serves more than one nursing unit, the nourishment area shall be centrally located for easy access from each of the nursing areas served.
- (7) Equipment storage room. Each facility constructed after February 15, 1977 shall provide an equipment storage room for the storage of resident care equipment.
- (A) The room shall have a minimum space of 120 square feet plus one square foot for each resident bed in the nursing unit.
- (B) If mechanical equipment or electrical panel boxes are located in the storage room, the facility shall provide

additional space for access and servicing of the equipment.

(8) Wheelchair parking space. Each facility constucted after February 15, 1977 shall provide wheelchair parking space which shall be out of the path of normal traffic. The space shall not be included in determining the minimum required corridor width.

(9) Resident bathing facilities. The facility shall provide resident bathing facilities at the rate of one for each 15 beds which are not otherwise serviced by bathing facilities within resident rooms. A mechanical bathing unit may be counted as two bathing facilities to meet this requirement.

(A) Bathing facilities shall be located in rooms or areas with access to a toilet and lavatory without entering

the general corridor system.

(B) The toilet and lavatory shall be accessible to and usable by the physically disabled and may serve physically disabled visitors.

(C) The toilet enclosure shall be in a visually enclosed

area for privacy in use.

(D) Bathing facilities on each nursing unit shall include at least one shower and there shall be at least one mechanical bathing unit in the facility. Any facility constructed before the effective date of these regulations shall not be required to have a mechanical bathing unit.

(E) Each bathing facility shall be located within a visually enclosed area for privacy during bathing, drying, and dressing with space for an attendant and wheelchair. Any facility constructed before February 15, 1977 shall not be required to provide space for an attendant.

(F) Each shower shall be at least four feet by four feet without curbs, and designed to permit use by a resident in a wheelchair. Any facility constructed before February 15, 1977 shall be designed so that showers can be used by a resident in a wheelchair.

(G) The facility shall provide a cabinet with a lock in

the bathing area for storage of supplies.

(10) Janitor's closet. The facility shall provide a janitor's closet with a floor receptor or service sink, hot and cold water, a shelf, and provisions for hanging mops. Any facility constructed before February 15, 1977 shall provide at least one janitor's closet in the facility with a floor receptor or service sink, and storage space for janitorial equipment and supplies.

(11) Drinking fountain. The facility shall provide at least one drinking fountain that is accessible to persons in wheelchairs. Any facility constructed before February 15, 1977 shall not be required to provide a drinking foun-

tain.

(12) The facility shall provide a staff toilet room with toilet and lavatory. Any facility constructed before February 15, 1977 shall not be required to provide a staff toilet room.

(d) Living, dining, and recreation areas.

(1) The facility shall provide space for living, dining, assisted dining, and recreation at a rate of 27 square feet per resident. At least 14 square feet of this space shall be utilized for dining area.

(2) Each facility constructed before February 15, 1977 shall provide space for living, dining, and recreation at a rate of 20 square feet per resident capacity of the facility.

At least 10 square feet per resident shall be utilized as

(3) The facility shall provide window area for living and dining areas at a minimum of 10 percent gross floor area of the living and dining area. The window area requirement shall not be met by the use of sky lights. Windowsill height shall not exceed three feet above the floor for at least ½ of the total window area. Any facility constructed before February 15, 1977 shall not be required to meet this paragraph.

(e) Quiet room. Each facility shall provide a quiet room, with a minimum floor area of 80 square feet, unless each resident room in the facility is a one-bed room. Residents shall have access to the quiet room for reading, meditation, solitude, or privacy with family and other visitors. Any facility constructed before February 15, 1977 shall not be required to provide a quiet room.

(f) Examination room. Each facility shall provide an examination room unless each resident room is a one-bed resident room.

(1) One examination room may serve more than one nursing unit.

(2) Room area shall be a minimum of 120 square feet with a minimum length and width of 10 feet.

(3) The room shall contain a lavatory or counter and sink equipped for handwashing, an examination table, and a desk or shelf for writing.

(4) The examination room may be located in the rehabilitation therapy room and shall be equipped with cubicle curtains around the space and facilities listed in paragraphs (2) and (3) of this subsection.

(5) If the examination room is located in the rehabilitation therapy room, the facility shall provide additional space appropriate to the functional use of the area.

(6) Any facility constructed before February 15, 1977 shall not be required to provide an examination room.

(g) Rehabilitation therapy room. Each facility shall provide a room for the administration and implementation of rehabilitation therapy.

(1) The facility shall provide a lavatory and an enclosed storage area for therapeutic devices.

(2) Each facility with 60 or fewer beds shall provide a rehabilitation therapy room with a minimum of 200 square feet. Each facility with more than 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60 to a maximum of 655 square feet.

(3) Each facility constructed before February 15, 1977 shall provide a rehabilitation therapy room. The facility shall provide a lavatory and an enclosed storage area for therapeutic devices.

(h) Activities room. Each facility shall provide an activities room or area for crafts and occupational therapy.

(1) The room shall contain a work counter with a sink equipped for handwashing.

(2) When a room is used for multiple purposes, there shall be sufficient space to accommodate all activities and prevent interference between activities.

(3) Each facility with 60 or fewer beds shall provide a room with a minimum of 200 square feet. Each facility with more than 60 beds shall provide 200 square feet plus two square feet for each additional bed over 60.

(4) The facility shall provide lockable cabinets for storage of supplies.

(5) Each facility constructed before February 15, 1977 shall provide an activities area with a work counter and storage cabinet. A handwashing facility shall be accessible to residents who use this room or area.

(i) Personal care room. Each facility shall provide a separate room or area for hair care and grooming of residents.

(1) The facility shall provide at least one shampoo sink, space for one hair dryer and work space, and a lockable cabinet for supplies.

(2) Each facility shall provide a room with a size appropriate to the number of residents to be served. The facility shall exhaust room air to the outside.

(3) Each facility constructed before February 15, 1977 shall provide a separate room or area for hair care and grooming of residents. The facility shall provide at least one shampoo sink, space for one hair dryer, and work space.

(j) Administrative and public areas.

(1) Each facility constructed after February 15, 1977 shall provide the following administrative and public areas:

(A) An entrance at grade level to accommodate persons in wheelchairs;

(B) an entrance sheltered from the weather;

(C) a lobby with communication to the reception area or information desk;

(D) a toilet and lavatory accessible to and usable by a person in a wheelchair;

(E) at least one public toilet for each facility of 60 beds or fewer. Each facility of more than 60 beds shall provide at least two public toilets;

(F) a public telephone accessible to a person in a wheelchair;

(G) an administrator's office; and

H) storage space for supplies and office equipment.

(2) Each facility constructed before February 15, 1977 shall provide the following administrative and public areas:

(A) An entrance at grade level able to accommodate persons in wheelchairs;

(B) one public toilet and lavatory;

- (C) one toilet and lavatory accessible to a person in a wheelchair;
- (D) a public telephone accessible to a person in a wheelchair; and
 - (E) a general office for administration.

(k) General storage.

(1) The facility shall provide a general storage room or rooms concentrated in generally one area. The room or rooms shall have an area of not less than five square feet per bed.

(2) Each facility constructed before February 15, 1977

shall provide a general storage room or rooms.

(l) Outside storage. The facility shall provide a room which opens to the outside or which is located in a detached building for the storage of tools, supplies, and equipment used for yard and exterior maintenance.

(m) Dietary areas. The facility shall provide dietary service areas which are adequate in relation to the size of the facility. New construction, equipment, and installation shall comply with the standards specified in health, education and welfare (HEW) 1981 publication No. FDA 78-2082, "Food Service Sanitation Manual." The facility shall design and equip food service facilities to meet the requirements of the residents. A facility shall provide the following elements in a size appropriate to the implementation of the type of food service system employed.

(1) There shall be a control station for receiving food

supplies.

(2) There shall be a storage space for food for at least four days.

(3) There shall be food preparation facilities. Conventional food preparation systems shall include space and equipment for preparing, cooking, baking, and serving. Convenience food service systems, such as frozen prepared meals, bulk-packaged entrees, individually-packaged portions, or a system using contractual commissary services, shall include space and equipment for thawing, portioning, cooking and baking.

(4) There shall be a two-compartment sink for food preparation. Each facility constructed before February 15, 1977 shall be required to have a sink for food preparation.

(5) There shall be a lavatory in the food preparation area.

(6) There shall be space for equipment for resident

meal service, tray assembly, and distribution.

- (7) There shall be a warewashing area apart from and located to prevent contamination of food preparation and serving areas. The area shall include commercial-type dishwashing equipment. Space shall be provided for receiving, scraping, sorting, and stacking soiled tableware and for transferring clean tableware to the using area.
- (8) There shall be a three-compartment deep sink for manual cleaning and sanitizing.
- (9) Exhaust ventilation for the warewashing room and dietary dry storage area shall conform to K.A.R. 28-39-162c, table 1.
- (10) There shall be a sanitizing provision for cans, carts, and mobile tray conveyors in any facility constructed after February 15, 1977.
- (11) There shall be a waste storage area in a separate room or an outside area which is readily accessible for direct pickup or disposal.
- (12) There shall be office workspace for the dietitian or dietetic services supervisor.
- (13) A staff toilet and lavatory shall be accessible to the dietary staff.
- (14) Each facility constructed after February 15, 1977 shall contain a janitor's closet located within the dietary department, which contains a floor receptor or service sink, and storage space for housekeeping equipment and supplies.

(n) Onsite laundry.

- (1) If the laundry is to be processed on-site, each facility constructed after February 15, 1977 shall comply with the following provisions.
- (A) Doors of the laundry rooms shall not open directly onto the nursing unit.

(B) There shall be a soiled laundry receiving, holding, and sorting room accessible from the service corridor or from the outside and furnished with containers with tight fitting lids for soiled laundry.

(C) There shall be a laundry processing room with commercial-type equipment and with the capability to process laundry sufficient to meet the residents' needs at

all times.

(D) The facility shall provide a lavatory in the proc-

essing area.

(E) There shall be a janitor's closet containing a floor receptor or service sink and storage area for housekeeping equipment and supplies which opens into the laundry processing area.

(F) There shall be a clean laundry handling, storage, issuing, mending and holding room with egress which does not require passing through the processing or soiled

laundry room.

(G) The processing room, soiled laundry room and clean laundry room shall be physically separate.

(H) The facility shall provide storage space for laundry supplies.

(I) Exhaust ventilation shall conform to K.A.R. 28-39-

162c, table 1.

(2) If laundry services are provided on-site in facilities constructed before February 15, 1977, the facility shall

comply with the following provisions.

- (A) The facility shall provide a laundry processing room with space for receiving, holding, and sorting soiled laundry, with equipment capable of processing seven days' laundry needs within a regularly scheduled work week. The facility shall keep the soiled and clean laundry functionally separate.
- (B) The facility shall provide a space for holding soiled laundry which is exhausted to the outside.
- (C) The facility shall provide handwashing facilities within the laundry area.
- (D) The facility shall provide clean laundry processing and storage rooms.

(3) If laundry is to be processed off-site, the following

shall be provided:

(A) A soiled laundry holding room that is equipped with containers with tight fitting lids and that is exhausted to the outside; and

(B) clean laundry receiving, holding, inspection, and

storage rooms.

(o) Employees' service areas. Each facility constructed after February 15, 1977 shall provide locker rooms, lounges, toilets or showers to accommodate the needs of all personnel and volunteers in addition to those required for certain departments.

(p) Janitor's closets. In addition to the janitor's closets required in paragraphs (c)(10) and (m)(1)(N), the facility shall provide sufficient janitor's closets throughout the facility to maintain a clean and sanitary environment.

(1) Each janitor's closet shall contain a floor receptor or service sink and storage space for housekeeping equipment and supplies.

(2) Each facility constructed before February 15, 1977

shall have at least one janitor's closet.

(q) Engineering service and equipment areas. Each facility constructed after February 15, 1977 shall be equipped with the following areas:

(1) A maintenance office and shop;

(2) an equipment room or separate building for boilers, mechanical equipment, and electrical equipment; and

- (3) a storage room for building maintenance supplies. The storage room may be a part of the maintenance shop in facilities of 120 beds or fewer.
- (r) Waste processing services. The facility shall provide space and equipment for the sanitary storage and disposal of waste by incineration, mechanical destruction, compaction, containerization, removal, or by a combination of these techniques. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)

28-39-162b. Nursing facility physical environment; details and finishes. (a) Details.

- (1) The door on any room containing a bathing facility or toilet shall be capable of being opened from the outside.
- (2) The doors to each bathing and toileting room with direct access from a resident bedroom shall be capable of opening outward or shall be designed to allow ingress to the room without pushing against a resident who may have collapsed in the room.

(3) The minimum width of each door to rooms needing access for beds or stretchers shall be three feet eight

inches.

(4) Each door to resident toilet rooms and other rooms needing access for wheelchairs shall have a minimum width of three feet.

(5) Each door on any opening between corridors and spaces subject to occupancy, except elevator doors, shall

be swing-type.

(6) A maximum of five percent of doors from resident bedrooms to the corridor may be "dutch door" cut for physician-prescribed control of disoriented residents. The doors shall meet the requirements for dutch doors prescribed by the national fire protection association, 101, "Life Safety Code" 1991 edition.

(7) The minimum width of each corridor in any resident use area shall be eight feet. The minimum clear width of each corridor in any service area shall be six feet.

(8) The facility shall provide an insect screen for each window and outer door which may be left in an open position. Each window shall be designed to prevent accidental falls when open or shall be equipped with a security screen.

(9) Doors shall not swing into corridors except doors to spaces such as small closets which are not subject to occupancy. Large walk-in closets shall be considered oc-

cupiable spaces.

(10) Each door, sidelight, borrowed light, and window in which the glazing is within 18 inches of the floor, thereby creating the possibility of accidental breakage by pedestrian traffic, shall be glazed with safety glass, wire glass or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. The facility shall provide similar materials in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety.

(11) The facility shall use safety glass or plastic glazing materials as described in paragraph (a) (10) of this regulation for shower doors and bath enclosures.

(12) The facility shall provide grab bars at all residents' toilets, showers, tubs and sitz baths.

(A) The bars shall have 1½ inches clearance to walls and shall have sufficient strength and anchorage to sustain a concentrated load of 250 pounds.

(B) Ends of grab bars shall be returned to the wall at

each termination.

- (13) If soap dishes are provided in showers and bath-rooms, they shall be recessed.
- (14) The facility shall provide handrails on both sides of corridors used by residents.
- (A) The facility shall provide a clear distance of 1½ inches between the handrail and the wall.
- (B) Ends of handrails shall be returned to the wall at each termination.
- (C) Handrails shall not be considered an obstruction in measuring the clear width of corridors.
- (15) The facility shall provide enclosed single-issue paper towel dispensers or mechanical hand-drying devices at all lavatories.
- (16) Ceiling heights in facilities constructed after February 15, 1977 shall meet the following requirements.
- (A) Boiler rooms shall have ceiling clearances not less than two feet six inches above the main boiler header and connecting piping.

(B) Rooms containing ceiling-mounted equipment shall be of sufficient height to accommodate the proper functioning, repair, and servicing of the equipment.

- (C) All other rooms shall have a ceiling height of not less than eight feet, except that corridors, storage rooms, toilet rooms, and other minor rooms shall not be less than seven feet eight inches in height. Suspended tracks, rails, and pipes located in the path of normal traffic shall not be less than six feet eight inches above the floor.
- (17) Recreation rooms, exercise rooms, and similar spaces where impact noises may be generated shall not be located directly over resident bed areas, unless the facility makes special provisions to minimize these noises. This requirement shall not apply to facilities constructed before February 15, 1977.
- (18) Rooms containing heat-producing equipment, such as boiler or heater rooms and laundries, shall be insulated and ventilated to prevent any floor surface above the area from exceeding a temperature of 10° F or 6° C above the ambient room temperature.
- (19) Sound transmissions criteria for partitions, floors and ceiling construction in resident areas shall meet the requirements as prescribed in "Guidelines for Construction and Equipment of Hospitals and Medical Facilities," published in 1993 by the American institute of architects press, section 7.28, table 1. This requirement shall apply to each facility constructed after May 1, 1982.

(b) Finishes.

- (1) Each facility constructed after February 15, 1977 shall have finishes which meet the following requirements
- (A) Floor materials shall be easily cleanable and have wear resistance appropriate for the location involved. Floors in areas used for food preparation or food assembly shall be water-resistant and grease-proof.

- (B) Joints in tile and similar material in food areas shall be resistant to food acids.
- (C) In areas subject to frequent wet cleaning methods, floor materials shall not be physically affected by germicidal and cleaning solutions.

(D) Floors that are subject to traffic while wet, including showers and bath areas, kitchens and similar work areas, shall have a non-slip surface.

(E) Each wall base in kitchens, soiled workrooms, soiled utility rooms, janitor's closets, laundries, and resident bathrooms shall be made integral and shall be coved with the floor, tightly sealed, and constructed without voids that can harbor insects.

(F) Each wall finish shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture resistant. Finish, trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(G) Floor, wall, and ceiling penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements

shall be similarly sealed.

(H) Each ceiling shall be easily cleanable. Each ceiling in the dietary, food preparation, and food storage areas shall be washable and shall have a finished ceiling covering all overhead pipes and duct work. Finished ceilings may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes.

(I) The facility shall provide sound absorbing materials for ceilings for corridors in resident areas, nurses' stations, day rooms, recreation rooms, dining areas, and

waiting areas.

(2) Each facility constructed before February 15, 1977

shall meet the following requirements.

(A) Each wall base in kitchens, soiled workrooms, and other areas which is frequently subject to wet cleaning methods shall be tightly sealed, and constructed without voids that can harbor insects.

(B) Each wall finish shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish, trim, wall, and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(C) Each floor and wall penetration by pipes, ducts, or conduits shall be tightly sealed to minimize entry of rodents and insects. Each joint of structural elements shall

be similarly sealed.

- (D) Each ceiling in the dietary, food preparation, and food storage areas shall be cleanable by dustless methods such as vacuum cleaning or wet cleaning. These areas shall not have exposed or unprotected sewer lines. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-162c. Nursing facility physical environment; mechanical and electrical requirements. (a) Freestanding buildings. Separate freestanding buildings housing the boiler plant, laundry, shops, or general storage may be of unprotected noncombustible construction, protected noncombustible construction, or fire-resistive construction.

(b) Elevators. Throwover capability for elevators shall be provided to allow temporary operation for release of

persons trapped between floors.

(c) Inspections and tests. The individual or company installing mechanical equipment shall inspect and test the equipment, and if applicable, the owner shall be furnished written certification that the installation meets the requirements set forth in K.A.R. 28-39-162c and all applicable safety regulations and codes.

(d) Mechanical requirements. The facility shall meet mechanical requirements which ensure the safety, comfort, and convenience of residents and other occupants.

(1) Each facility constructed or modified on or before May 1, 1982 shall meet the following requirements.

- (A) All mechanical systems shall be tested, balanced, and operated to demonstrate to the owner or representative of the owner that the installation and performance of the systems conform to the requirements of the plans and specifications before completion and acceptance by the facility.
- (B) Upon completion of the contract, the owner shall have a complete set of manufacturer's operating, maintenance, and preventive maintenance instructions, parts list with numbers, and a description for each piece of equipment.

(C) The owner shall have complete instructions in the

use of systems and equipment.

(2) Any facility constructed or modified before May 1, 1982 shall not be required to provide evidence of testing and documentation of mechanical equipment installed before May 1, 1982.

(e) Thermal and acoustical insulation.

(1) Each facility constructed after February 15, 4982 shall provide thermal or acoustical insulation for the following within the building:

(A) Boilers, smoke breeching, and stacks;

(B) steam supply and condensate return piping;

(C) piping for water 120°F or 49°C or above, and all hot water heaters, generators, and converters;

(D) chilled water, refrigerant, other process piping and equipment operating with fluid temperatures below ambient dew point;

(E) water supply and drainage piping on which corr-

densation may occur; and

(F) air ducts and casing with outside surface temper

atures below ambient dew point.

- (2) Insulation may be omitted from hot water and steam condensate piping not subject to contact by resi-
- (3) Linings in air ducts and equipment in facilities constructed after February 15, 1977 shall meet erosion test methods prescribed in underwriter's laboratories publication No. 181, "Factory-Made Air Ducts and Air Connectors.'
- (4) Each facility constructed before May 1, 1982 shall provide thermal insulation on all ducts, pipes and equipment having outside surface temperatures below ambient dew point when in use and shall include an exterior va-

(A) The facility shall install insulation on all hot water and steam condensate piping that is subject to contact by

residents.

- (B) Insulation on cold surfaces shall include an exterior vapor barrier.
 - (f) Steam and hot water systems.
- (1) Each boiler shall have the capacity to supply the normal requirements of all systems and equipment based upon the net ratings established in "I = B = R Ratings for Boilers, Baseboard Radiation and Finned Tube (Commercial) Radiation" January 1, 1992, published by the Hydronics Institute.
- (2) The number and arrangement of boilers shall be such that when one boiler breaks down or routine maintenance requires that one boiler be temporarily taken out of service, the capacity of the remaining boiler or boilers shall be at least 70 percent of the total required capacity, except that in areas with a design temperature of 20°F or -7°C or more, the remaining boiler or boilers shall not be required to include boiler capacity for space heating.
- (3) Boiler feed pumps, heating circulating pumps, condensate return pumps, and fuel oil pumps shall be connected and installed to provide normal and standby service.
- (4) Supply and return mains of cooling, heating, and process systems shall be valved as required to isolate major sections of each system. Pieces of equipment shall be

provided with isolation valves to allow removal of equipment without interfering with the operation of the remainder of the system.

(5) Any facility constructed before February 15, 1977 shall not be required to comply with K.A.R. 28-39-162c subsection (e).

(g) Heating, air-conditioning, and ventilation systems.

(1) Heating, air-conditioning, and ventilation system design specifications for facilities constructed after February 15, 1977 shall be as follows.

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70°F or 21°C to 85°F or 29°C. The winter outside design temperature of the facility shall be -10°F or -23°C dry bulb and the summer outside design temperature of the facility shall be 100°F or 38°C dry bulb.

(B) All air-supply and air-exhaust systems shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown in Table 1 shall be the minimum acceptable rates and shall not be construed as precluding the use of higher ventilation rates. The system shall meet the following requirements.

Table 1
Pressure Relationships and Ventilation of Certain Areas
Long Term Care Facilities

Area Designation	Pressure Relationship to Adjacent Areas	Minimum Air Changes of Outdoor Air Per Hour Supplied to Room	Minimum Total Air Changes Per Hour Supplied to Room	All Air Exhausted Directly to Outdoors	Recirculated Within Room Units
Resident Room	Equal	2	2	Optional	Optional
Resident Area Corridor	Equal	Optional	2	Optional	Optional
Examination and Treatment Room	Equal	2	6	Optional	Optional
Physical Therapy	Negative	2	6	Optional	Optional
Activities Room	Negative	2 .	6	Optional	Optional
Soiled Workroom	Negative	2	10	Yes	No
Medicine Preparation and				the second	
Clean Workroom	Positive	2	4	Optional	Optional
Toilet Room	Negative •	Optional	10	Yes	No
Bathroom	Negative	Optional	10	Yes	No
Janitors' Closets	Negative	Optional	10	Yes •	No
Linen and Trash Chute Rooms	Negative	Optional	10	Yes	No
Food Preparation Center	Equal	2	10	Yes	No
Warewashing Room	Negative	Optional	10	Yes	No
Dietary Dry Storage	Equal	Optional	2	Yes	No
Laundry, Processing Room	Equal	2	10	Yes	No
Soiled Linen Sorting and Storage	Negative	Optional	10	Yes	No
Clean Linen Storage	Positive	Optional	2	Optional	Optional
Personal Care Room	Negative	. 2	6	Yes	No
Designated Smoking Area	Negative	Optional	20	Yes	No

- (i) Outdoor air intakes shall be located as far as practical and not less than 25 feet, from exhaust outlets of ventilating systems, combustion equipment stacks, medical-surgical vacuum systems, plumbing vent stacks, or from areas which may collect vehicular exhaust or other noxious fumes. The bottom of outdoor air intakes serving central systems shall be located as high as practical, and not less than six feet above ground level, or if installed above the roof, not less than three feet above roof level.
- (ii) The ventilation system shall be designed to provide the pressure relationship shown in Table 1.
- (iii) The bottoms of ventilation openings shall not be less than three inches above the floor of any room.
- (iv) Corridors shall not be used to supply air to, or exhaust air from any room, except that air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.
- (v) All central ventilation or air-conditioning systems shall be equipped with filters having minimum efficiencies of 25 percent. All filter efficiencies shall be average dust spot efficiencies tested in accordance with American society of heating, refrigeration, and air-conditioning engineers, (ASHRAE), standard 52-76, as in effect on July 1, 1981. Filter frames shall be durable and carefully dimensioned and shall provide an air-tight fit with the enclosing

ductwork. All joints between filter segments and the enclosing ductwork shall be gasketed or sealed to provide a positive seal against air leakage.

(vi) Air handling duct systems shall meet the requirements of the national fire protection association (NFPA)

standard 90 A, as in effect on February 12, 1993.

- (vii) Fire and smoke dampers shall be constructed, located, and installed in accordance with the requirements of national fire protection association (NFPA) standard 90 A, as in effect on February 12, 1993, except that all systems, regardless of size, which serve more than one smoke or fire zone, shall be equipped with smoke detectors which shut down fans automatically as delineated in paragraph 4-4.3 of that standard. Access for maintenance shall be provided at all dampers. Supply and exhaust ducts which pass through a required smoke barrier and through which smoke can be transferred to another area shall be provided with dampers at the barrier, controlled to close automatically to prevent flow of air or smoke in either direction when the fan which moves the air through the duct stops. Dampers shall be equipped with remote control reset devices except that manual reopening shall be permitted if dampers are conveniently located.
- (viii) A return air duct which passes through a required smoke barrier shall be provided with a damper at the barrier which is actuated by a detector of smoke or products of combustion other than heat. The damper shall also be operated by detectors used to activate door closing devices in the smoke partition or by detectors located to sense smoke in the return air duct from the smoke zone.
- (ix) Exhaust hoods in food preparation areas shall have a minimum exhaust rate of 50 cfm per square foot of face area. Face area shall be the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces. Hoods over cooking ranges shall be equipped with grease filters and fire extinguishing systems. Clean-out openings shall be provided every 20 feet or less in horizontal exhaust duct systems serving these hoods.
- (C) Boiler rooms shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures in working stations to not more than 97°F or 36°C effective temperature (E.T.)
- (D) Air handling units shall be located to permit access for service and filter maintenance. Mechanically operated air handling units shall not be located in attics, interstitial space above ceilings, or other difficult access areas.

(2) Heating, air-conditioning, and ventilating systems in facilities constructed before February 15, 1977 shall

meet the following requirements.

(A) The system shall be designed to maintain a year-round indoor temperature range in resident care areas of 70°F or 21°C to 85°F or 26°C. The winter outside design temperature of the facility shall be -10°F or -23°C dry bulb and the summer outside design temperature of the facility shall be 100°F or 38°C dry bulb.

(B) Insulation shall be installed on all hot water and steam condensate piping that is subject to contact by res-

idents.

(C) The ventilation system shall be designed to provide the pressure relationship shown in table 1.

(h) Plumbing and piping systems.

(1) Plumbing and piping systems in facilities constructed after February 15, 1977 shall meet the following requirements.

(A) The material used for plumbing fixtures shall be of non-absorptive, acid-resistant material.

- (B) The water supply spout for lavatories and sinks required in resident care areas shall be mounted so that the discharge point is a minimum distance of five inches above the rim of the fixture.
- (C) The water supply spout for lavatories and sinks used by medical and nursing staff shall be trimmed with a valve which can be operated without the use of hands. Where blade handles are used, the blades shall not exceed six inches on clinical sinks and 4½ inches in all other areas. This requirement shall not apply to lavatories in resident bed rooms and toilet rooms.
- (D) Clinical sinks shall have an integral trap in which the upper portion of a visible trap seal provides a water surface.
- (E) The facility shall provide non-slip surfaces in all shower bases and tubs.
- (F) Water supply systems shall meet the following requirements.
- (i) Systems shall be designed to supply water at sufficient pressure to operate all fixtures and equipment during maximum demand periods.

(ii) Water service mains, branch mains, risers, and branches to groups of fixtures shall be valved. Stop valves shall be provided at fixtures

shall be provided at fixtures.

(iii) Backflow prevention devices or vacuum breakers shall be installed on hose bibbs, janitors' sinks, bedpan flushing attachments and on fixtures to which hoses or tubing can be attached.

(iv) Flush valves installed on plumbing fixtures shall be of a quiet operating type and shall be equipped with

silencers

- (v) Water distribution systems shall be arranged to provide hot water at hot water outlets at all times. A maximum variation of 98°F or 35°C to 115°F or 46°C shall be acceptable at bathing facilities and lavatories in resident use areas.
- (G) Hot water heating equipment shall have sufficient capacity to supply hot water at temperatures and amounts indicated below. Water temperature shall be measured at the hot water point of use or at the inlet to processing equipment.

	Clinical	Dietary	Laundry
Temperature (°F)	115 (Maximum)	140 (Minimum)	160 (Minimum)
Temperature (°C)	46	60	71

(H) Building sewers shall discharge into a community sewerage system or a sewerage system having a permit from the department of health and environment.

(2) Each facility constructed before February 15, 1977 shall comply with the requirements found in paragraph

(h) (1) (E), (F), and (G) of this regulation.

(i) Electrical requirements. Each facility shall meet electrical requirements which ensure the safety, comfort, and convenience of residents and other occupants.



(1) Each facility constructed after February 15, 1977 shall comply with the following requirements.

(A) The facility, shall install all materials including equipment, conductors, controls, and signaling devices to provide a complete electrical system with the characteristics and capacity to supply electricity to the electrical equipment shown in the specifications or indicated on the plans. All materials shall be listed as complying with available standards of underwriters' laboratories, inc. or other nationally recognized testing laboratories.

(B) Switchboards and power panels.

- (i) Circuit breakers or fusible switches that provide disconnecting means and overcurrent protection for conductors connected to switchboards and panelboards shall be enclosed or guarded to provide a dead-front type of assembly.
- (ii) The main switchboard shall be located in a separate enclosure.
- (iii) Switchboards, power panels, safety switches, panelboards and other electrical distribution equipment shall be located in spaces accessible only to facility authorized persons, or shall have locking fronts.

(iv) Switchboards shall be convenient for use, readily accessible for maintenance, clear of traffic lanes, and in dry ventilated space, free of corrosive fumes or gases.

(v) Overload protective devices shall be suitable for operating properly in ambient temperature conditions.

- (C) Panelboards. Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. This requirement shall not apply to emergency system circuits.
 - (D) Lighting.

(i) Each space occupied by persons, machinery, equipment within the buildings, and approaches to buildings

and parking lots shall have lighting.

- (ii) Resident rooms shall have general lighting and night lighting. The facility shall provide a reading light for each resident. At least one light fixture for night lighting shall be switched at the entrance to the residents' room. All switches for control of lighting in resident areas shall be of the quiet operating type.
- (iii) Minimum lighting intensity levels shall be those levels required in Table 2.
- (iv) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2.
- (v) Each corridor and stairway shall remain lighted at all times.
- (vi) The facility shall equip each light located in an area accessible to a resident with a shade, globe, grid, or glass panel.

(E) Receptacles.

- (i) Each resident bedroom shall have at least one duplex-grounding type receptacle on each side of the head of each bed and another duplex-grounding type receptacle on another wall. A television convenience outlet shall be located on at least one wall.
- (ii) Duplex receptacles for general use shall be installed approximately 50 feet apart in all corridors and a maximum of 25 feet from the ends of corridors.
- (F) Equipment installation in hydrotherapy areas. The electrical circuit or circuits to fixed or portable equipment

in hydrotherapy units shall have five milliampere ground fault interrupters.

(2) Each facility constructed before February 15, 1977 shall meet the following electrical requirements.

(A) Each space occupied by persons, machinery, equipment within the buildings, and approaches to buildings, and parking lots shall have lighting.

(B) Resident bedrooms shall have general lighting and night lighting. The facility shall provide a reading light for each resident.

(C) Minimum lighting intensity levels shall be those levels required in Table 2.

(D) Portable lamps shall not be an acceptable light source except as specifically permitted in Table 2.

Table 2

Artificial Light Requirements

Place	Light Measured in Foot Candles	Where Measured
Kitchen and other food preparation and		. ile att doms Cossis es mille milloms is swiften
serving areas Dining room	70 25	Counter level
Living room and/or recreation room		Table level
General Reading and other specialized areas	15 2007 - A.S.	Three feet above floor
(may be portable lamp)	50	Chair or table level.
Nurse's station and office General Desk and charts Clean workroom Medication room	20 50 30 100	Three feet above floor Desk level Counter level Counter level
Central bath and showers	- 100 - 30 ° i⊲	Three feet above floor
Resident's room General Bed	45 548 N. F 19 510 L S. T 19 30 H S.	Three feet above floor Mattress top level, at bed wall to 3-0" out from bed wall.
Laundry	30	Three feet above floor
Janitor's closet	15	Three feet above floor
Storage room General Disinfectant or cleaning agent storage area	5 15 **	Three feet above floor
Corridors	10	Floor level
Stairways	20	Step level
Exits	. 5	Floor level
Heating plant space	5	Floor level

(E) Each corridor and stairway shall remain lighted at all times.

(F) Each light located in an area accessible to a resident shall be equipped with a shade, globe, grid, or glass panel.

(G) Resident rooms shall have at least one duplex^y grounding type receptacle.

(H) The electrical circuit or circuits to fixed or portable equipment in hydrotherapy units shall be provided with five milliampere ground fault interrupters.

(j) Emergency power. An emergency electrical power system shall supply power adequate for:

(1) Lighting all emergency entrances and exits, exit

signs, and exit directional lights;

- (2) equipment to maintain the fire detection, fire alarm, and fire extinguishing systems;
 - (3) exterior door monitors;
- (4) life support systems in the event the normal electrical supply is interrupted. When life support systems are used, the facility shall provide emergency electrical power with an emergency generator as defined in national fire protection association (NFPA) standard 99, health care facilities, as in effect on February 12, 1993, that is located on the premises;
 - (5) a resident call system;(6) a fire pump, if installed;
- (7) general illumination and selected receptacles in the vicinity of the generator set; and

(8) a paging or speaker system if the system is in-

tended for communication during emergency.

- (k) Emergency lighting shall be in operation within 10 seconds after the interruption of normal electrical power supply. Emergency service to receptacles and equipment may be automatically or manually connected. Each receptacle connected to emergency power shall be distinctly marked. The facility shall provide fuel storage for the generating unit in compliance with regulations of the environmental protection agency and the Kansas department of health and environment unless the unit is operated by fuel which is normally piped underground to the site from a utility distribution system.
- (1) Space and equipment. The facility shall provide sufficient space and equipment in dining, health services, recreation, and program areas to enable staff to provide residents with needed services as required by these regulations and as identified in each resident's plan of care.
- (m) Exterior door monitors. The facility shall equip each exterior door accessible to residents with an electrical signal system or devices to alert personnel at the nurses' station nearest the exterior door.
- (1) The alarm system shall remain activated until manually reset.
- (2) The system may be operated to permit total or selective disabling of the monitors during daylight hours when there is visual control of the exit by facility staff.
- (n) Any ice dispenser accessible to residents shall dispense ice directly into a container.
 - (o) Preventive maintenance program.
- (1) The facility shall implement a preventive maintenance program to ensure that:
- (A) Electrical and mechanical equipment is maintained in good operating condition;
- (B) the interior and exterior of the building is safe, clean and orderly; and
- (C) resident care equipment is maintained in a safe, operating and sanitary condition.
- (p) Building and equipment supplies shall be stored in areas not accessible to residents.
 - (a) Housekeeping services.
- (1) The facility shall provide housekeeping services to maintain a safe, sanitary, and comfortable environment

- for residents, and to help prevent the development or transmission of infections.
- (2) The facility shall be kept free of insects, rodents, and vermin.
- (3) The grounds shall be free from accumulation of rubbish and other health or safety hazards.
- (4) Wastebaskets shall be located at all lavatories. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-163. Administration. Each nursing facility shall be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. (a) Governing body.
- (1) Each facility shall have a governing body or shall designate a group of people to function as a governing body. The governing body shall be legally responsible for establishing and implementing policies regarding the management and operation of the facility.

(2) The governing body shall appoint an administrator

who:

(A) Is licensed by the state;

(B) is employed full-time; and

(C) has full authority and responsibility for the operation of the facility and compliance with licensing requirements.

(3) The licensee shall adopt a written position description for the administrator which includes responsibility

for:

- (A) Planning, organizing, and directing the operation of the facility;
- (B) implementing operational policies and procedures for the facility; and
- (C) authorizing, in writing, a responsible employee 18 years old or older to act on the administrator's behalf in the administrator's absence.

(b) Policies and procedures.

- (1) Each licensee shall adopt and enforce written policies and procedures to ensure that:
- (A) Each resident attains or maintains the highest practicable physical, mental and psychosocial well-being;
- (B) each resident is protected from abuse, neglect and exploitation; and

(C) rights of residents are proactively assured.

- (2) The facility shall revise all policies and procedures as necessary and shall review all policies and procedures at least annually.
- (3) Policies and procedures shall be available to staff at all times. Policies and procedures shall be available, on request, to any person during normal business hours. The facility shall post a notice of availability in a readily accessible place for residents.
- (c) Power of attorney and guardianship. Anyone employed by or having a financial interest in the facility, unless the person is related by marriage or blood within the second degree to the resident shall not accept a power of attorney, a durable power of attorney for health care decisions or legal guardianship or conservatorship.
- (d) Reports. Each administrator shall submit to the licensing agency, not later than 10 days following the period covered, a semi-annual report of residents and em-

ployees. The administrator shall submit the report on forms provided by the licensing agency. The administrator shall submit any other reports as required by the licensing agency.

(e) Telephone. The facility shall maintain at least one non-coin-operated telephone accessible to residents and employees on each nursing unit for use in emergencies. The facility shall post adjacent to this telephone names and telephone numbers of persons or places commonly required in emergencies.

(f) Smoking. If smoking is permitted, there shall be

designated smoking areas.

(1) The designated areas shall not infringe on the rights of non-smokers to reside in a smoke-free environment.

(2) The facility shall provide areas designated as smok-

ing areas both inside and outside the building.

(g) Staff development and personnel policies. The facility shall provide regular performance review and inservice education of all employees to ensure that the services and procedures assist residents to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning;

(1) The facility shall regularly conduct and document

an orientation program for all new employees.

(2) Orientation of direct care staff shall include review of the facility's policies and procedures and evaluation of the competency of the direct care staff to perform assigned procedures safely and competently.

(3) The facility shall provide regular, planned inservice

education for all staff.

(A) The inservice program shall provide all employees training in fire prevention and safety, disaster procedures, accident prevention, resident rights, psychosocial needs of residents, and infection control.

(B) The facility shall provide direct care staff with inservice education in techniques which assist residents to function at their highest practicable physical, mental, and

psychosocial level.

(C) Direct care staff shall participate in at least 12 hours of inservice education each year. All other staff shall participate in at least eight hours of inservice education each year.

(D) The facility shall maintain documentation of inservice education offerings. Documentation shall include a content outline, resume of the presenter and record of staff in attendance.

(E) The facility shall record attendance at inservice education in the employee record of each staff member.

(h) Professional staff qualifications.

(1) The facility shall employ on a full-time, part-time or consultant basis any professionals necessary to carry out the requirements of these regulations.

(2) The facility shall document evidence of licensure, certification or registration of full-time, part-time and consultant professional staff in employee records.

- (3) The facility shall perform a health screening including tuberculosis testing on each employee before employment or not later than seven days after employment.
- (i) Use of outside resources. Arrangements or agreements pertaining to services furnished by outside resources shall specify in writing that the facility assumes responsibility for:

(1) Obtaining services that meet professional standards and principles that apply to professionals providing services; and

(2) assuring the timeliness of the services.

(j) Medical director.

(1) The facility shall designate a physician to serve as medical director.

(2) The medical director shall be responsible for:

(A) Implementation of resident care policies which reflect accepted standards of practice;

(B) coordination of medical care in the facility; and

- (C) provision of consultation to the facility staff on issues related to medical care of residents.
- (k) Laboratory services. The facility shall provide or obtain clinical laboratory services to meet the needs of its residents. The facility shall be responsible for the quality and timeliness of the services.

(1) If the facility provides its own clinical laboratory

ervices:

(A) the services shall meet applicable statutory and regulatory requirements for a clinical laboratory;

(B) the facility staff shall follow manufacturer's in-

structions for performance of the test;

(C) the facility shall maintain a record of all controls performed and all results of tests performed on residents; and

(D) the facility shall ensure that staff who perform laboratory tests do so in a competent and accurate manner.

- (2) If the facility does not provide the laboratory services needed by its residents, the facility shall have written arrangements for obtaining these services from a laboratory as required in 42 CFR 483.75, as in effect on October 1, 1990.
- (3) All laboratory services shall be provided only on the order of a physician.

(4) The facility shall ensure that the physician ordering the laboratory service is notified promptly of the findings.

- (5) The facility shall ensure that the signed and dated clinical reports of the laboratory findings are documented in the resident's clinical record.
- (6) The facility shall assist the resident, if necessary in arranging transportation to and from the source of laboratory services.
- (l) Radiology and other diagnostic services. The facility shall provide or obtain radiology and other diagnostic services to meet the needs of its residents.
- (1) If the facility provides its own radiology and diagnostic services, the services shall meet applicable statutory and regulatory requirements for radiology and other diagnostic services.

(2) If the facility does not provide the radiology and diagnostic services needed by its residents, the facility shall have written arrangements for obtaining these serv-

ices from a licensed provider or supplier.

(3) All radiology and diagnostic services shall be provided only on the order of a physician.

(4) The facility shall ensure that the physician ordering the radiology or diagnostic services is notified promptly of the findings.

(5) The facility shall document signed and dated clinical reports of the radiological or diagnostic findings in

the resident's clinical record.

- (6) The facility shall assist the resident if necessary, in arranging transportation to and from the source of radiology or diagnostic services.
- (m) Clinical records.
- (1) The facility shall maintain clinical records on each resident in accordance with accepted professional standards and practices. The records shall be:

(A) Complete;

(B) accurately documented; and

9.(C) systematically organized.

(2) Clinical records shall be retained for:

- 18(A) At least five years following the discharge or death of a resident; or
- (B) for a minor, five years after the resident reaches 18 years of age.
- (3) Resident records shall be the property of the facilitemo, and former good
- (4) The facility shall keep confidential all information in the resident's records, regardless of the form or storage method of the records, except when release is required by bode milen fab.
- (A) Transfer to another health care institution;

(C) third party payment contract; or

(D) the resident or legal representative.

- (5) The facility shall safeguard clinical record information against loss, destruction, fire, theft, and unauthorized use.
 - (6) The clinical record shall contain the following:
- -(A) Sufficient information to identify the resident:
- (B) a record of the resident's assessments;

A(C) admission information;

(D) the plan of care and services provided;

- (E) a discharge summary or report from the attending physician and a transfer form after a resident is hospitalized or transferred from another health care institution;
 - (F) physician's orders;
- (G) medical history;
- (H) reports of treatments and services provided by facility staff and consultants;
- ii(I) records of drugs, biologicals, and treatments administered; and
- (J) documentation of all incidents, symptoms and other indications of illness or injury including the date, the time of occurrence, the action taken and the results of action.
- (7) The physician shall sign all documentation entered or directed to be entered in the clinical record by the phy-
- (8) Documentation by direct care staff shall:
- (A) List drugs, biologicals and treatments administered to each resident;
- (B) be an accurate and functional representation of the actual experience of the resident in the facility;
- (C) be written in chronological order and signed and dated by the staff person making the entry;
- (D) include the resident's response to changes in condition with follow-up documentation which describes the resident's response to the interventions provided; and
- (E) not include erasures or use of white-out. Each error shall be lined through and the word "error" added. The

staff person making the correction shall sign and date the error. An entry shall not be recopied.

(9) Clinical record staff.

(A) The facility shall assign overall supervisory responsibility for maintaining the residents' clinical records to a specific staff person.

(B) The facility shall maintain clinical records in a manner consistent with current standards of practice.

(C) If the clinical record supervisor is not a qualified medical record practitioner, the facility shall provide consultation through a written agreement with a qualified medical record practitioner.

(n) Disaster and emergency preparedness.

(1) The facility shall have a detailed written emergency management plan to meet potential emergencies and disasters including, fire, flood, severe weather, tornado, explosion, natural gas leak, lack of electrical or water service, and missing residents.

(2) The plan shall be coordinated with area governmental agencies.

(3) The plan shall include written agreements with agencies which will provide needed services, including providing a fresh water supply, evacuation site, and transportation of residents to an evacuation site.

(4) The facility shall ensure disaster and emergency preparedness by: A way was the ball of the property of the ball of

- (A) Orienting new employees at the time of employment to the facility's emergency management plan;
- (B) periodically reviewing the plan with employees;
- (C) annually carrying out a tornado or disaster drill with staff and residents
- (5) The emergency management plan shall be available to staff, residents; and visitors.
- (o) Transfer agreement. The facility shall have in effect a written transfer agreement with one or more hospitals that reasonably assures that:
- (1) Residents will be transferred from the facility to the hospital, and timely admitted to the hospital when transfer is medically appropriate; as determined by the attending physician; and to the term of the same than
- (2) medical and other information needed for care and treatment of residents will be exchanged between the in-
 - (p) Quality assessment and assurance.
- (1) The facility shall maintain a quality assessment and assurance committee consisting of:

(A) The director of nursing services;

(B) a physician designated by the facility; and

- (C) at least three other members of the facility's staff.
- (2) The quality assessment and assurance committee shall:
- (A) meet at least quarterly to identify issues with respect to what quality assessment and assurance activities are necessary; and
- (B) develop and implement appropriate plans of action to correct identified quality deficiencies and prevent potential quality deficiencies. (Authorized by and implementing K.S.A. 39-932; effective Nov. 1, 1993; amended Feb. 21, 1997.)
- 28-39-240. Administration. (a) The assisted living or residential health care facility shall be operated in a

manner which ensures that residents receive the care and services as described in negotiated service agreements.

(b) The licensee shall appoint an administrator or operator who:

(1) Is at least 21 years of age;

possesses a high school diploma or the equivalent;

(3) holds a Kansas license as an adult care home administrator or has successfully completed an operator training program as designated by the secretary;

(4) is employed full-time; and

- (5) has authority and responsibility for the operation of the facility and compliance with licensing requirements.
- (c) The licensee shall adopt a written position description for the administrator or operator which includes responsibility for:

(1) Planning, organizing and directing the facility;

(2) implementing operational policies and procedures for the facility; and

(3) authorizing in writing, a responsible employee 18 years old or older to act on the administrator or operator's behalf in the absence of the administrator or operator.

(d) The administrator or operator shall ensure that written policies and procedures are developed and implemented which incorporate the principles of individuality, autonomy, dignity, choice, privacy and a home-like environment for each resident. The following provisions shall be included in the policies and procedures:

(1) The recognition of each resident's rights, responsi-

bilities, needs and preferences;

(2) the freedom of the resident or resident's legal representative to select or refuse a service and to accept re-

sponsibility for the consequences;

(3) the development and maintenance of social ties for the resident by providing opportunities for meaningful interaction and involvement within the facility and the community;

(4) furnishing and decorating the resident's personal

space;

(5) the recognition of personal space as private and the sharing of an apartment or individual living unit only when agreed to by each resident;

(6) the maintenance of the resident's lifestyle as long as there are not adverse effects on the rights and safety of other residents;

(7) the resolution of complaints through a specific process which includes a written response to written complaints within 30 days; and

(8) methods for preventing and responding to incidents involving resident injury, including loss of prop-

erty, abuse and neglect.

- (e) Policies and procedures related to resident services shall be available to staff at all times and to residents, legal representatives of residents, families, and case managers during normal business hours. A notice of availability shall be posted in a readily accessible place for residents.
- (f) Power of attorney, guardianship and conservatorship. A power of attorney, durable power of attorney for health care decisions, guardianship or conservatorship shall not be accepted by anyone employed by or having a financial interest in the facility unless the person is re-

lated to the resident by marriage or blood within the second degree of the resident.

(g) Reports. Each administrator or operator shall submit to the licensing agency, not later than 10 days following the period covered, a semi-annual report of residents and employees. The administrator or operator shall submit the report on forms provided by the licensing agency, and shall submit other reports as required by the licensing agency.

(h) Telephone. The facility shall maintain at least one non-coin operated telephone accessible to residents and employees for use in emergencies. The facility shall post names and telephone numbers of persons or places commonly required in emergencies adjacent to this telephone.

(i) The facility shall post the names, addresses and tellephone numbers of the Kansas department of health and environment and the office of the long term care ombudsman with information that these agencies may be contacted to report actual or potential abuse, neglect or exploitation of residents or register complaints concerning the operation of the facility. This information shall be posted in a public area accessible to residents and the public.

(j) A copy of the most recent survey report and plan of correction shall be readily accessible in a public area to residents and other individuals wishing to examine survey results. (Authorized by and implementing K.S.A. 39-

932; effective Feb. 21, 1997.)

28-39-241. Community governance. (a) The assisted living or residential health care facility shall facilitate the organization of a council which will meet regularly to provide residents with a forum to provide input into community governance.

(b) The facility shall accommodate the council process by providing space for the meetings, posting notices of the meetings and assisting residents who wish to attend

the meetings.

(c) In order to permit a free exchange of ideas and concerns, meetings shall be conducted without the presence of facility staff, except when allowed by residents.

(d) The administrator or operator shall respond to each written idea and concern from the council in writing within 30 days after the meeting, with a copy of the response provided to the council. Copies of the written ideas or concerns and the responses shall be available to surveyors. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)

28-39-242. Admission, transfer and discharge. (a) Each assisted living or residential health care facility shall develop and implement written admission, transfer and discharge policies which protect the rights of residents as required by K.A.R. 28-39-148. In addition, the facility shall not admit or retain residents who have one or more of the following conditions unless the negotiated service agreement includes hospice or family support services which are available 24 hours a day or similar resources:

(1) Incontinence, where the resident cannot or will not participate in management of the problem;

(2) immobility, where the resident requires total assistance in exiting the building;

- (3) any ongoing condition requiring a two-person transfer;
- (4) any ongoing skilled nursing intervention needed 24 hours a day for an extended period of time; or
- (5) any behavioral symptom that exceeds manageability.
- (b) The facility shall not admit or retain residents whose clinical condition requires the use of physical restraints.
- (c) The facility shall not charge a rental fee beyond the date dated in a 30-day written notice of discharge provided by a resident or resident's legal representative or by the facility as required by K.A.R. 28-39-148 (d). (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- **28-39-243.** Resident functional capacity screen. (a) On or before admission to an assisted living or residential health care facility, a licensed nurse, licensed social worker or the administrator or operator shall conduct a functional capacity screen on each resident as specified by the secretary. A facility may choose to integrate the specified screen in an instrument developed by the facility. Each element and definition as specified by the secretary shall be included in the facility functional capacity screen.
- (b) A functional capacity screen shall be conducted at least annually, or following a significant change in the resident's physical, mental or psychosocial functioning which would require a change in the negotiated service agreement.
- (c) The functional capacity screen shall be used as a basis for determining the services to be included in the negotiated service agreement. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- **28-39-244.** Negotiated service agreement. (a) The assisted living or residential health care facility shall develop, in collaboration with the resident, the resident's legal representative, family, if agreed to by the resident, or case manager, a written negotiated service agreement based on service needs or preferences of the resident. The negotiated service agreement shall:
 - (1) Describe the services to be provided;
 - (2) identify the provider of the service or services; and
- (3) identify the party or parties responsible for payment when services are provided by an outside resource.
- (b) The negotiated service agreement shall support the dignity, privacy, choice, individuality, and autonomy of the resident.
- (c) A licensed nurse employed by the facility, a home health agency or by the resident shall participate in the development of the negotiated service agreement when the resident's functional capacity screen indicates the need for health care services.
- (d) An initial negotiated service agreement shall be developed at admission.
- (e) The negotiated service agreement shall be reviewed at least annually, revised if necessary, and revised more frequently if requested by the resident, the resident's legal representative, the family, if agreed to by the resident, the case manager or the facility. A licensed nurse shall be involved in revisions related to health care services.

- (f) When the resident or the resident's legal representative refuses a service which the administrator or operator, the licensed nurse, the resident's physician or the case manager believes is necessary for the resident's health and safety, the negotiated service agreement shall include the following:
 - The service or services refused;
- (2) identification of potential negative resident outcomes if the service or services are not provided; and
- (3) acceptance by the resident or the resident's legal representative of the potential risk.
- (g) The negotiated service agreement shall not include situations in which the lack of a service has the potential to affect the health and safety of other residents, facility staff or the public.
- (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. A copy of the initial agreement and subsequent revisions shall be provided to the resident or the resident's legal representative.
- (i) The facility shall ensure that each resident receives services according to the provisions of the negotiated service agreement.
- (j) When the resident's negotiated service agreement includes the use of outside resources, the facility shall:
- (1) Provide the resident, the resident's legal representative, the family, if agreed to by the resident, and the case manager a list of service providers available to provide the needed service;
- (2) assist the resident, when requested, in contacting outside resources for services; and
- (3) monitor the services provided by the outside re source and act as an advocate for the resident when services do not meet professional standards of practice. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- **28-39-245.** Services. (a) The assisted living or residential health care facility shall provide or coordinate a range of services identified in negotiated service agreements.
 - (b) The range of services may include the following:
- (1) Daily meal service, based on the resident's needs and specified in the negotiated service agreement;
- (2) health care services based on an assessment by a licensed nurse and as specified in the negotiated service agreement;
- (3) housekeeping services essential for the health, comfort and safety of residents as specified in the negotiated service agreement;
- (4) medical, dental and social transportation as specified in the negotiated service agreement;
- (5) planned group and individual activities which meet the needs and interests of the resident as identified in the negotiated service agreement; and
- (6) other services necessary to support the health and safety of the resident as specified in the negotiated service agreement.
- (c) Routine maintenance and repairs of resident apartments or individual living units and common areas inside and outside the facility shall be provided and specified in the admission agreement.

- (d) If the facility chooses not to provide or coordinate any service found in K.A.R. 28-39-245 (b), the facility shall notify the resident in writing on or before admission to the facility. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
 - **28-39-246.** Health care services. (a) The assisted living or residential health care facility shall provide or coordinate the provision of health care services to each resident according to the provisions of the negotiated service agreement.
 - (b) If the functional capacity screen indicates that a resident is in need of health care services, a licensed nurse in collaboration with the resident, the resident's legal representative, the family, if agreed to by the resident, and case manager, shall develop a health care service plan to be included in the negotiated service agreement.

(c) Health care services provided by or coordinated by

the facility may include the following:

(1) Personal care provided by the facility's direct care staff, a home health agency, or gratuitously by friends or family members; or

(2) supervised nursing care provided by a licensed nurse employed by the facility, a home health agency, or the resident.

(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.

(e) Nursing procedures not included in the nurse aide or medication aide curriculums may be delegated to unlicensed direct care staff by a licensed nurse under the Kansas nurse practice act, K.S.A. 1995 Supp. 65-1124.

- (f) The facility shall be responsible for assuring that a licensed nurse is available on site or by phone to provide immediate direction to medication aides and nurse aides for residents who have unscheduled needs. The licensed nurse may be an employee of the facility or a licensed nurse employed by a home health agency.
 - (g) Skilled nursing services.

(1) Skilled nursing services shall be provided in accordance with K.S.A. 1995 Supp. 39-923 (a).

- (2) The skilled nursing plan in the negotiated service agreement shall include the service to be provided and the name of the licensed nurse or agency responsible for providing the service.
- (3) The licensed nurse providing the skilled nursing service shall document the service and the outcome of the service in the resident's record.
- (4) A physician's order for the skilled nursing service shall be documented in the resident's record in the facility. A copy of the physician's order from a home health agency's record may be used. Physician orders in the clinical records of a home health agency located in the same building as the facility may be used as long as the clinical records are available to direct care staff of the facility.
- (5) The licensed nurse providing the skilled service shall arrange for availability of a licensed nurse by phone to meet unscheduled needs related to the skilled nursing service.
- (6) Wellness and health monitoring may be provided by a licensed nurse according to provisions in the resi-

dent's negotiated service agreement. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997).

28-39-247. Medication management in assisted living and residential health care facilities. (a) Self-administration of drugs.

(1) A resident may self-administer drugs unless a licensed nurse or physician has determined that the resident cannot perform this function safely and accurately.

- (2) Each resident who self-administers drugs shall be offered the opportunity to have a drug regimen review conducted by a physician, pharmacist or a licensed nurse at least every three months. Any variances identified in the drug regimen review shall be reported to the resident's physician. A record of any reviews performed shall be maintained in the resident's record.
- (3) A licensed nurse may pre-fill insulin syringes for residents who are otherwise capable of self-administration of insulin.
- (b) Administration of drugs. When a facility is responsible for the management of a resident's drug regimen, the facility shall ensure that all drugs are administered to each resident in accordance with a physician's written order. The facility shall ensure that:

(1) All drugs except parenteral drugs are administered by physicians, licensed nurses or medication aides;

(2) parenteral drugs are administered only by a physician or licensed purse;

(3) the drugs are prepared and administered by the same person;

(4) the resident is identified before administration of the drug, and the dose administered to the resident is recorded on the resident's individual drug record by the person who administers the drug;

- (5) a review of each resident's drug regimen whose medications are managed by the facility is conducted at least every three months by a physician, licensed nurse or a pharmacist. Any variances identified in the review shall be reported to the resident's physician. A record of this review shall be maintained in the facility and be available to surveyors for review;
- (6) a written policy is developed and implemented for handling deteriorated, outdated, recalled and unused medications;
- (7) all drugs and biologicals are stored in a locked cabinet or medication cart and that only those persons authorized to administer drugs have access to the keys to the cabinet or cart; and
- (8) records of receipt and disposition of all controlled substances are maintained in order that there can be an accurate reconciliation. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- 28-39-248. Staff development. (a) The assisted living or residential health care facility shall provide orientation to new employees and regular inservice education for all employees to ensure that the services provided assist residents to attain and maintain their individuality, autonomy, dignity, independence, and ability to make choices in a home-like environment.
- (b) Subjects in inservice education shall include the following:

- (1) Principles of assisted living;
 - (2) fire prevention and safety;
- (3) disaster procedures;
 - (4) accident prevention;
 - (5) resident rights;
 - (6) infection control; and
- (7) prevention of abuse, neglect, or exploitation of residents
- (c) Inservice education on treatment of behavioral symptoms shall be provided to all employees of facilities which admit residents with dementia. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- 28-39-249. Staff qualifications. (a) The assisted living or residential health care facility shall provide sufficient numbers of qualified personnel to ensure that residents receive services and care in accordance with the negotiated service agreements.

(b) Employee records shall contain evidence of licensure, registration or certification of full-time, part-time

and consultant staff.

(c) A health screening shall be performed on each employee not later than seven days after employment. A copy of this health screening shall be maintained in the

employee's file.

- (d) Tuberculosis skin testing of employees shall be performed in accordance with the center for disease control recommendations in "Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly," as published in Morbidity and Mortality Weekly Report, July 13, 1990. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- 28-39-250. Resident records, (a) The assisted living and residential health care facility shall maintain a record for, each resident in accordance with accepted professional standards and practices.

(b)(1) The facility shall maintain each resident's records for at least five years after the death or discharge

of the resident.

(2) In the case of a minor, the facility shall maintain the resident's records for five years after the resident reaches

18 years of age.

- (c) The facility shall keep confidential all information in the resident's records, regardless of form or storage method of the records, except when release is required by:
 - (1) Transfer to another health care facility;
 - (2) law;

(3) third party payment contract; or

- (4) the resident or legal representative of the resident.
- (d) The facility shall safeguard resident record information against loss, destruction, fire, theft or unauthorized used.
- (e) The resident record shall contain at least the following:
 - (1) The resident's name;
 - (2) the dates of admission and discharge;
 - (3) the admission agreement and any amendments;
 - (4) the functional capacity screens;
- (5) the negotiated service agreement and any amendments;

- (6) the name, address and telephone number of the physician and dentist to be notified in an emergency;
- (7) the name and address of the legal representative or individual of the resident's choice to be notified in the event of a significant change in condition;
- (8) the physician's orders if the facility is managing the resident's medications and medical treatments;
- (9) the records of drugs, biologicals and treatments administered; and
- (10) the documentation of all incidents, symptoms and other indications of illness or injury including the date, the time of occurrence, the action taken and the results of action. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)

28-39-251. Disaster and emergency preparedness, (a) The assisted living and residential health care facility shall provide sufficient staff to promptly take residents who require assistance to the outside or to a point of safety in an emergency.

(b) The facility shall have a detailed written emergency management plan to manage potential emergencies and

disasters including the following:

(1) fire;

(2) flood;

- (3) severe weather;
- (4) tornado;
- (5) explosion;

(6) natural gas leak;

(7) lack of electrical or water service;

(8) missing residents; and

(9) any other potential emergency situations.

(c) The facility shall have written agreements which will provide the following needed services:

(1) fresh water;

- (2) evacuation site; and
- (3) transportation of residents to an evacuation site.
- (d) The facility shall ensure disaster and emergency preparedness by:
- (1) Orienting new employees at the time of employment to the facility's emergency management plan;
- (2) periodically reviewing the plan with employees;
- (3) annually carrying out an emergency drill with staff and residents which includes evacuation of the building or to a safe area.
- (e) The emergency management plan shall be available to staff, residents and visitors. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- 28-39-252. Dietary services. The assisted living or residential health care facility shall provide or coordinate the provision of dietary services to residents as identified in residents' negotiated service agreements. A facility that has a contract with an outside food management company shall be in compliance with this regulation if the company complies with these regulations.

(a) Staffing

- (1) Overall supervisory responsibility for dietetic services shall be the assigned responsibility of one employee.
- (2) A dietetic services supervisor or a licensed dietician shall provide scheduled onsite supervision in facilities with 11 or more residents.

- (3) When the resident's negotiated service agreement includes the provision of a therapeutic diet, the diet served shall be based on instructions from a physician or licensed dietitian.
- (b) Menus shall be planned in advance and shall be based on dietary guidelines for Americans, 4th edition, 1995, (HG #232), published by the U.S. department of agriculture and the department of health and human serv-
- (c) Foods shall be prepared by safe methods that conserve the nutritive value, flavor, and appearance, and shall be attractively served at the proper temperature.

(d) Menu plans shall be available to residents on at

least a weekly basis.

(e) A method shall be established to incorporate input by residents in the selection of food to be served and the

scheduling of meal service.

- (f) Each resident may obtain, prepare and store food in the resident's apartment or individual living unit if doing so does not represent a health or safety hazard to the resident or others. Assistance with obtaining food shall be provided if included in the negotiated service agreement. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- 28-39-253. Infection control. (a) The assisted living and residential health care facility shall provide a safe, sanitary and comfortable environment for residents.

(b) The facility shall develop and implement policies and procedures to prevent and control the spread of infections. These policies and procedures shall include the following

(1) Universal precautions to prevent the spread of blood-borne pathogens;

(2) handwashing;

- (3) laundry and proper handling of soiled and clean linens;
 - (4) food service sanitation:
- (5) prohibiting employees with a communicable disease or infected skin lesions from coming in direct contact with residents, residents' food, or resident care equip--ment until the condition is resolved;
- (6) orientation of new employees and periodic employee inservice education on control of infections in a health care setting;
- (7) tuberculosis skin testing of each new resident and employee as soon as residency or employment begins, unless the resident or employee has documentation of a previous significant reaction. Each facility shall follow the center for disease control recommendations for "Prevention and Control of Tuberculosis in Facilities Providing Long-term Care to the Elderly," as published in Morbidity and Mortality Weekly Report, July 13, 1990; and

(8) transfer of a resident with an infectious disease to an appropriate health care facility when the assisted living or residential health care facility is unable to provide the isolation precautions required to treat the infectious disease. (Authorized by and implementing K.S.A. 39-932;

effective Feb. 21, 1997.)

28-39-254. Construction; general requirements. (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.

- (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal.
- (c) New construction, modifications and equipment shall conform to the following codes and standards:

(1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and

- (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981.
 - (d) Site location requirements. The facility shall be:

(1) Served by all-weather roads and streets;

(2) free from noxious or hazardous smoke or fumes;

(3) at least 4,000 feet from concentrated livestock operations, including feedlots and shipping and holding pens;

(4) free of flooding for a 100-year period; and

(5) sufficient in area and configuration to accommodate the building or buildings, drives, parking, sidewalks, and an outdoor recreation area.

(e) Site development requirements.

(1) Final grading of the site shall provide for positive surface drainage away from the building and positive protection and control of surface drainage and freshets from adjacent areas.

(2) Except for lawn or shrubbery which may be used in landscape screening, an unencumbered outdoor open area shall be provided for recreation and shall be designated for that purpose on the plot plan. The licensing agency may approve outdoor areas provided by terraces, roof gardens, or similar provisions for facilities located in high density urban areas.

(f) General building exterior.

- (1) Each exterior pathway or access to the facility's common use areas and entrance or exit ways shall be:
 - (A) made of hard smooth material;

(B) barrier free; and

(C) maintained in good repair.

(2) There shall be a means of monitoring each exterior entry and exit for security purposes.

(3) Outdoor recreation areas shall be provided and

available to residents.

(g) General building interior.

(1) Each assisted living facility shall consist of apart-

ments which contain at least the following:

- (A) A sleeping area with a window which opens for ventilation and that conforms with minimum dimensions described in the uniform building code, section 1204 as in effect on January 26, 1992 for egress to the outside;
 - (B) a living area;

(C) a storage area with a door or doors, a shelf and a hanging rod accessible to the resident;

(D) a kitchen area equipped with a sink, a refrigerator, a stove or a microwave and space for storage of utensils and supplies. Provision shall be available to disconnect the stove if necessary for resident safety;

- (E) a toilet room which contains a toilet, lavatory, and a bath tub or shower accessible to a resident with disabilities;
- (F) an entrance door which has only one locking device which releases with operation of the inside door handle. This lock shall be master-keyed from the corridor side; and

(G) at least 200 square feet of living space not including the toilet room, closets, lockers, wardrobes, other built-in fixed items, alcoves and vestibules.

(2) Any assisted living facility licensed before January 1, 1995, as an intermediate personal care facility shall not be required to have kitchens and private baths in apartments.

(3) Each residential health care facility shall provide individual living units which include at least the follow-

ing:

(A) A sleeping area with a window which opens for ventilation and that conforms with minimum dimensions described in the uniform building code, section 1204 as in effect on January 26, 1992 for egress to the outside;

(B) a toilet room which contains a toilet, lavatory and a bathing unit accessible to a resident with disabilities;

(C) a storage area with a door, a shelf and a hanging rod accessible to the resident;

(D) an entrance door which has only one locking device which releases with operation of the inside door handle. This lock shall be master-keyed from the corridor side; and

(E) at least 100 square feet of living space not including the toilet room, closets, lockers, wardrobes, other built-in

fixed items, alcoves, and vestibules.

- (4) If a resident in a residential health care facility shares an individual living unit with another resident, there shall be at least 80 square feet of living space per resident.
- (5) Any facility licensed as intermediate personal care home before January 1, 1995 shall not be required to have a bathing unit in each toilet room.
- (6) Any nursing facility licensed on or before July 1, 1995 which wishes to license a section of the facility as a residential health care facility shall have private bathing facilities in at least 20 percent of the individual living units.

(7) The individual livings units in any wing or floor of the nursing facility licensed as residential health care

shall be contiguous.

- (8) Any nursing facility which has changed licensure level in a wing or floor of the facility as found in paragraph (g)(6) of this regulation may change that wing or floor back to a nursing facility as long as all environmental elements required at the time of the initial change are met.
 - (h) Common use areas.

 Each entrance shall be at ground level and shall be accessible to individuals with disabilities.

(2) Except for adjoining use areas which have closely related functions, each common use area shall have access from a general corridor without passing through any intervening use area. Large open areas or central living areas, including living rooms, dining rooms and dens, may be considered to be corridors.

(i) Bathing room.

(1) There may be a bathing room with a mechanical tub and sufficient floor space to allow accessibility for a resident using a wheelchair.

(2) The room shall contain provisions for an individual heat control or a supplemental heat source and shall have.

an exhaust to the outside.

(3) A toilet and lavatory shall be accessible without entering the general corridor.

(j) Public restroom.

(1) There shall be a public restroom accessible to individuals with disabilities on each floor of the facility. This restroom shall be available to staff and visitors.

(2) The restroom shall contain a toilet, lavatory, waste container and a non-reusable method of hand drying.

(k) Dining room. The facility shall have a dining room or dining rooms with the capacity to seat all residents.

(I) Social and recreation areas. The facility, shall have, common areas for social and recreational use by residents.

(m) Public telephone. There shall be a local access public telephone accessible to individuals with disabilities in a private area that allows a resident or another individual to conduct a private conversation.

(n) Smoking. If smoking is allowed:

(1) A public use area or areas shall be provided for residents, visitors and employees in which smoke is exhausted to the outside; and

(2) the facility shall ensure that residents who desire to

live in a smoke-free environment may do so.

(o) The facility shall ensure that residents who desire to receive mail without staff intervention may do so with

(p) Any assisted living facility or residential health care facility which is physically attached to a nursing facility may share common use areas with the nursing facility. However, the facility shall provide for at least one common living or recreational area designated primarily for use by residents of the assisted living or residential health care facility. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)

28-39-255. Support service areas. (a) The assisted living or residential health care facility shall provide the following:

(1) Space with a desk and telephone which can be used by direct care staff to chart and maintain resident records;

and

(2) a locked medication storage area with a sink and a refrigerator in the same area for medications. The facility shall provide a separate locked compartment within the area for controlled drugs. A drug cart with a double locking system shall be acceptable. The facility shall provide storage for necessary medical supplies.

(b) Housekeeping and sanitation.

- (1) The facility shall provide a locked janitor closet for storing supplies and equipment, with a floor or service sink.
- (2) The facility shall provide space for storage of clean linen if linen service is included in the negotiated service agreements.

(c) Laundry facility.

(1) The facility shall store soiled laundry in a manner which prevents odors and spread of disease.

(2) If laundry is processed in the facility, the facility shall provide washing and drying machines. The facility shall arrange the work area to provide a "one-way flow" of laundry from a soiled area to a clean area.

(3) The facility shall provide a work counter and a locked cabinet for storage of chemicals and supplies.

(4) The facility shall provide a handwashing lavatory with a non-reusable method of hand-drying within or accessible to the laundry facility.

(d) Dietary areas. A dietary area or areas shall provide for sanitary meal preparation or service for residents.

(1) The facility shall provide disposal of waste by incineration, mechanical destruction, removal or a combination of these. The facility shall use containers with tightly fitting lids to store waste.

(2) Ceilings in the dietary areas shall be cleanable by dustless methods, such as vacuum cleaning or wet cleaning. These areas shall not have exposed or unprotected

sewer lines.

- (e) Assisted living or residential health care facilities which are physically attached to a nursing facility may share support areas with the nursing facility. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)
- **28-39-256.** Details and finishes. (a) Details for assisted living or residential health care facilities shall include the following:
- (1) Rooms containing bathtubs, showers or toilets available for use by residents shall be equipped with doors and hardware capable of being opened from the putside and shall permit access from outside the room in memergency.

(2) Windows and outer doors which may be left in an open position shall be provided with insect screens. Windows shall be designed to prevent accidental falls when

open or shall be equipped with security screens.

(3) Doors, sidelights, borrowed lights, and windows in which the glazing is within 18 inches or 46 centimeters of the floor shall be glazed with safety glass, wire glass, or plastic glazing material that will resist breaking and will not create dangerous cutting edges if broken. Similar materials shall be used in wall openings of recreation rooms and exercise rooms unless required otherwise for fire safety.

(4) Safety glass or plastic glazing as described in paragraph (a) (3) shall be used for shower doors and bath

enclosures.

- (5) Grab bars, or sufficient blocking installed in the walls to support a grab bar, shall be provided at all toilets, showers, and tubs accessible to residents.
 - (b) Finishes.

(1) Wall bases in kitchens, janitor's closets, laundries and resident bathrooms shall be made tightly sealed, and constructed without voids that can harbor insects.

(2) Wall finishes shall be washable and, in the immediate area of plumbing fixtures, shall be smooth and moisture-resistant. Finish trim, and wall and floor construction in dietary and food preparation areas shall be free from spaces that can harbor rodents and insects.

(3) Ceilings in the dietary, food preparation, and food storage areas shall be cleanable by dustless methods, such as vacuum cleaning or wet cleaning. Finished ceilings

may be omitted in mechanical and equipment spaces, shops, general storage areas, and similar spaces unless required for fire protection purposes.

(4) Floor, wall and ceiling penetrations by pipes, ducts, and conduits shall be tightly sealed to minimize entry of rodents and insects. Joints of structural elements shall be similarly sealed.

(E) Cl.

(5) Shower bases and tubs shall provide non-slip surfaces.

(c) Mechanical requirements.

- (1) Heating, air conditioning, and ventilating systems.
 (A) The systems shall be designed to maintain a year.
- (A) The systems shall be designed to maintain a year-round indoor temperature range of 70°F or 21°C to 85°F or 26°C.
- (B) Each apartment or individual living unit shall allow the resident to control the temperature.

(2) Plumbing and piping systems.

- (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached.
- (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98°F and 120°F at bathing facilities, sinks, and lavatories in resident use areas.

(3) Electrical requirements.

(A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting.

(B) Minimum lighting intensity levels shall be as re-

quired in Table 1.

Table 1
Artificial Light Requirements

Place	Light measured in foot candles	Where Measured
Kitchen and other food preparation and serving areas	50	Counter level
Dining room	25	Table level
Living room or other common areas	15	Three feet above floor
Areas for reading or special ized areas (may be provided by a portable lamp)		Chair or table area
Corridors	10	Floor level
Stairways	20	Step level
Exits	5	Floor level
Resident Apartment or Individual living unit		
General Toilet room Kitchen	20 50 50	Three feet above floor Three feet above floor Counter

(C) Each corridor and stairway shall remain lighted at all times.

(D) Each light in resident use areas shall be equipped

with shades, globes, grids, or glass panels.

(4) Telephone service. Each unit or apartment shall have at least one telephone jack for each resident who desires phone service. (Authorized by and implementing K.S.A. 39-932; effective Feb. 21, 1997.)

James J. O'Connell Secretary of Health and Environment

Doc. No. 018681

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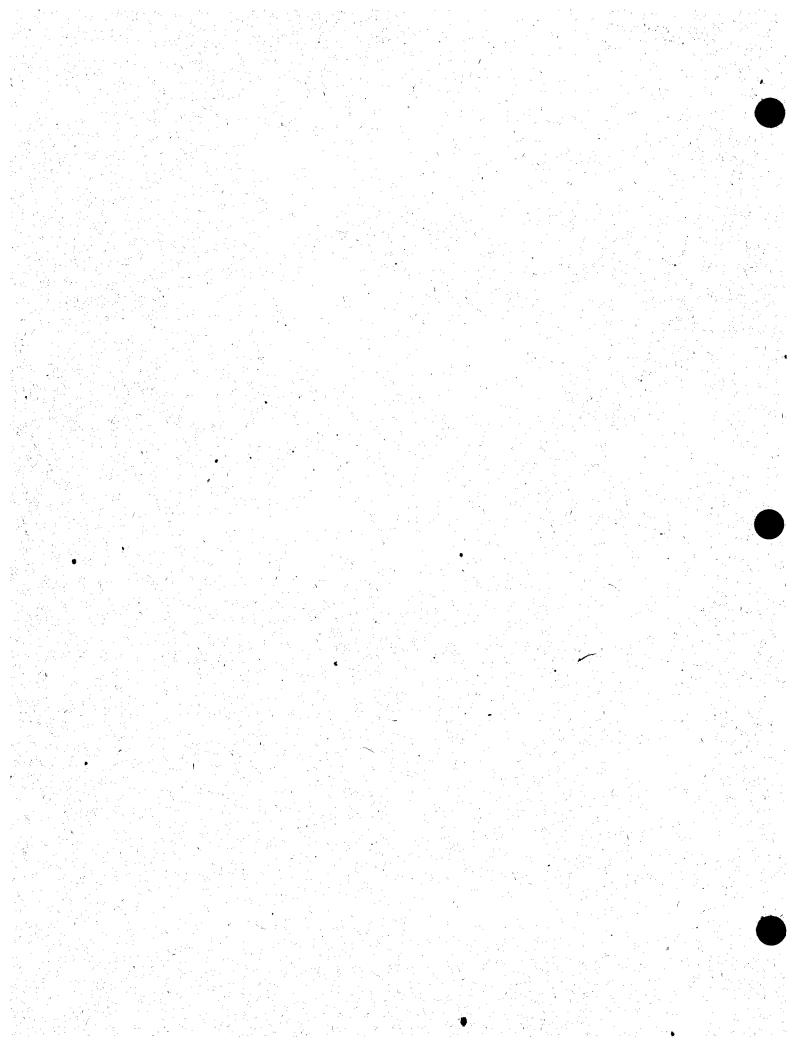
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28-23-8	Revoked	V. 15, p. 552	30-6-65	Amended	V. 15, p. 926	RESOU	RCES—DIVIS	ION OF WORKERS
28-23-14	Revoked	V. 15, p. 552	30-6-103	Amended	V. 15, p. 1882		COMPEN	SATION
28-23-15	Revoked	V. 15, p. 552	30-6-103w	Amended	V. 15, p. 1883	Reg. No.	Action	Register
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